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Empowering Hospital

JA2015 - GPSD [705038]

START DATE: 01/05/2015

END DATE: 30/04/2018

DURATION: 36 month(s)

CURRENT STATUS: Finalised

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Call for Proposals for Projects 2014

TOPIC: Innovation to prevent and manage chronic diseases

EC CONTRIBUTION: 521516.28 EUR

KEYWORDS: Blood, Breast, Cancer, Cardiovascular Diseases, Cardiovascular Disorders, Cervical, Chronic Diseases, Chronic Diseases, Chronic kidney diseases, Chronic pulmonary diseases, Colorectal, Diabetes, Epilepsy, Health Promotion, Health Promotion, Ischaemic heart disease, Lung, Multiple sclerosis, Musculo skeletal conditions, Neurological diseases and disorders, New Care Pathways, Parkinson's disease, Patient Empowerment, Prevention, Prevention, Stomach, Stroke, Teachable

Project abstract

This multicentre project aims to foster health promotion interventions and environments suitable for patients, their families, and health professionals. The strategy is based on the Health Promoting Hospitals (HPH) framework with a strong emphasis on evidence based prevention.

The ultimate goal of this project is achievement of measurable improvements in population health through comprehensive promotion of healthy behaviours in diverse and complementary categories of individuals.

The project would focus on vulnerable patients presenting with acute manifestation of an underlying chronic condition, and on those they have stronger bonds with. Both patients and their families are assumed—in line with theory and evidence—to feel more susceptible to illness and more open to realize

Summary of context, overall objectives, strategic, relevance and contribution of the action

“Empowering Hospital” is a multicentre project aims to foster health promotion interventions and environments suitable for prevention of chronic diseases. The strategy is based on the Health Promoting Hospitals (HPH) framework with a strong emphasis on evidence-based prevention. Through its activities the project aims to promote the adoption of healthy lifestyles for improving the quality of life of people suffering from a chronic diseases, particularly diabetes, cardiovascular disease, breast, colorectal or prostate cancer and other major chronic diseases.

The “Empowering Hospital” project involved 5 partners coming from 4 EU countries. Its work led to evaluate the effects of a “health promoting model” delivered in 3 different hospital and healthcare settings: Hospital of Biella (Italy), Hospital La Fe in Valencia (Spain) and National Association Multiple Sclerosis (Lithuania).

Chronic patients, relatives and hospital staff (about 1.500 subjects overall) were plan to be selected to receive an intensive counseling session aimed to design and plan a tailored preventive pathway according to the behavioral risks factors identified with a profiling tool (a questionnaire, elaborated during the first year of the project, based on 4 risks factors: smoking, excessive alcohol consumption, sedentary behavior and unhealthy diet).

The introduction of a “health promoting model” in the hospital setting offered people suffering from chronic diseases, their relatives and health workers a new way for adopting healthy lifestyles.

Moreover, “Empowering Hospital” project supported people to organize their daily activities in a “healthier” way thus improving quality of life and reducing potential costs of further hospital admissions, outpatient visits, etc.

The project contributed and safeguarded the sustainability of the local health

and social systems.

This project had at least five implications for European public health, matching the overall policy objectives of the 2014 Call.

First, the innovative, coherent, and integrated approach was key to succeed: the integration of a large set of interventions in the context of hospital care allowed for reaching a selected population who may benefit from prevention activities targeting behavioural change. Moreover, the development of prevention activities inside the hospital setting has affected several processes of care, adding to them the prevention contents that otherwise could hardly be included in the hospital. This experience has stimulated innovation (in the context of the 'Health Promoting Hospitals'), by offering a validated, sustainable in-hospital prevention model. For example, the recent tendency to reduce beds and in-patient activities, preferring of out-patient ones, is expected to make new free spaces available in the hospital buildings, that could be dedicated to prevention activities available to patients and their relatives, as well as to healthcare professionals.

The interventions were based on a comprehensive and detailed review of the scientific literature and its effectiveness was confirmed by the Emp-H randomised controlled trial, indicating a promising approach for the European Union, in which approximately nearly 80 million people are admitted to hospitals each year for acute conditions (European Hospital and Healthcare Federation 2011). The Emp-H results could be relevant and likely to trigger future initiative in many hospitals across Europe.

Second, this project fostered developing new forms of partnership between hospitals, primary care and local administrations and stakeholders, which are likely to promote an active and participatory role of all target groups in the community in which they live. Strong liaisons with the community aimed at providing a favourable environment for behaviour changes were established, both within and outside the hospital.

Third, public availability of the protocol and reports would encourage the promotion of

Methods and means

The "Empowering Hospital" project was focused on the development of resources to inform and support patients, relatives and health professionals about the health promotion approach and evidence-based interventions. Specific work-packages were focused on the setting-up of a questionnaire for profiling patients according to their own risk factor(s) with the aim to propose them a tailored preventive pathway for conducting a healthier lifestyle. Moreover, intervention providers (health professionals and hospital volunteers) received specific training sessions at each pilot site through a homogenous health promoting approach: basic distance learning activities accessible from the project website in 3 different languages (Italian, Spanish and English) and a residential training course.

For this purpose a set of tools and materials were developed, including

informational support for the training modules, literature reviews and clinical guidelines. An extraction of these materials have been published in the project website (<http://www.emp-h-project.eu/>).

In order to evaluate the effect of the Emp-H project a randomized controlled trial (RCT) was developed. For this purpose, subjects from three target groups (patients, patients' caregivers/relatives, and hospital workers) were randomised to receive two conditions. The first condition (control) consisted in risk profiling, brief advice and informative materials delivery, while the second (intervention), comprised risk profilation, brief advice, informative materials,an intensive counselling and the facilitated access to hospital and community supportive resources. All the participants beneficiated of the ongoing hospital environmental change (smoking policy, new walking paths, reorganization of the hospital canteen, etc.) occurred during the first project year at the hospital level. Participants to be included in the study had to present almost one risk factor and to be aged between 40 and 75. Primary outcomes and cut-off value adoped to define risk conditions were: smoking, poor nutrition (1 sugary drink/day), physical inactivity (less than 150 min moderate PA/week or 75 min vigorous PA/week), excessive alcohol consumption (>1 for women or 2 for men alcohol unit/day and >1 monthly binge drinking), and excessive BMI (>25). All the participants were followed for 6 months, at the end of which received a phone survey.

All the participants were recruited in the following area: Cardiology, Diabetology, Dietetics, Oncology, Occupational risk, Peneumology, and GP surgeries.

A parallel use of the Emp-H model was conducted on patients affected by chronic neurological diseases in Lithuania (LISS) and on their relatives. Here the study was based on a pre-post design and the follow up was fixed at one year.

The recruitment of the study participants project year in Biella Hospital (Italy) and in Hospital La Fe Valencia (Spain)was able to include during the second an overall sample size of 395 patients, 314 relatives, and 336 hospital. .

The study was able to verify the effectiveness of the Emp-H model in modifying all targeted risk behaviors. In particular, the the intensive intervention, if compared with the brief intervention, was more effective in reducing risky alcohol intake and in increasing physical activity.. A further assessment of the resources spent to provide the intervention was able to inform hospital managers about the sustainability of the Emp-H model.

At the end of the project, an handbook designed to be used by health professionals and health managers was produced. The handbook aims to provide practical instructions to replicate the Emp-H model in other hospitals. Finally, in the three territories (Biella, Valenciaa and Lithuania) considerable efforts have been made to:

- map local resources and networks,
- strengthen the already existing and consolidated territorial network,
- formalize new agreements.

Work performed during the reporting period

In the first project year the following activities were carried out: project management structure setting up, dissemination and communication strategy definition, study protocol production. In the second part of the first year, the training materials were prepared in 3 languages and were available through the project website. In addition, residential sessions for the training of health personnel involved in the project were organized.

The second project year was focused on: the start-up of the RCT and the definition of the profiling tool (questionnaire), the implementation of the intensive counseling sessions; the provision of in-house training courses and maintenance training for the practitioners involved in the project. During this period the Emp-H Midterm Workshop was carried out in Turin (Italy), and around 60 sector players were informed about the preliminary project results and were involved in the promotion of the "Emp-H model" in other regional Hospitals.

In the third project year the follow-up of the subjects recruited in the study was completed, data were analysed and results disseminated, and the local stakeholder networks were enforced. The final conference was held in Biella on March 10th 2018. During this event all the results were presented and shared with the local stakeholders and national researchers and the Emp-H video was presented.

The main output achieved so far and their potential impact and use by target group (including benefits)

- A systematic review was carried out in order to collect evidence about effective health promotion interventions delivered in the hospital setting. The review guided the three pilot sites in the adoption of the interventions to be offered to patients, relatives, and health professionals. The work will be published in peer review journals.
- A specific questionnaire useful to profile subjects according to their behavioral risk factors was developed. The questionnaire, called "profiling tool", is based on validated questionnaires promoted by accredited organizations like WHO and was created in order to be sufficiently accurate and not time-consuming. The profiling tool is structured in five sections: smoking behavior, alcohol consumption, diet, physical activity and individual empowerment.
- A protocol to evaluate the impact of organizational procedures to facilitate

the introduction of health promotion interventions in the hospital aimed is available.

- Health promotion materials focused on the hospital setting realized during the project are available.
- A handbook to help healthcare managers to facilitate the introduction of health promotion activities in the hospital organization was realized at the end of the project.

Achieved outcomes compared to the expected outcomes

Impact of counselling intervention :

- A RCT with more than 1000 participants.
- Proportion of subjects profiled out of at-risk subjects: 90%
- Proportion of subjects participating to counselling out of profiled subjects: 73,6%
- Proportion of subjects who will to change their risk factors, out of those receiving counselling (intention within the next month): 12% smokers; 3.3% excessive alcohol consumers; 11.1% insufficient fruit&vegetables consumers; 7.73% inactive people
- Proportion of subjects who modified their risk factors by adopting behavioural change, out of those receiving counselling (behaviours) (% improvement in the respective categories): 2.46% of insufficient fruit&vegetables consumers reached the recommended consume; 50% of excessive sugary drinks consumers reached the recommended consume; 12.3% of smokers were able to quit; 58.97% of excessive alcohol consumers reached the recommended consume; 82.86% of monthly binge drinkers reached the recommended consume; 28.64% of inactive people achieved the recommended level of physical activity.

Impact of interactive workshops:

16.53% of the subjects in the intervention group benefitted from at least one health promoting facility. Among these, 76.84% have accessed to facilities related to physical activity.

Impact of environmental intervention:

- 9 actions realized by ASL BI during the project period
- 8 actions realized by HuLaFe during the project period

Impact of liaisons with the hospital catchment area:

A preliminary search of the relevant organizations was realized at the end of the first year project.

At the end of the third project years two local networks were realized involving 19 (100% of those contacted) in Italy and 9 (66.6% of those

contacted) in Spain).

The introduction of personalized interventions and environmental changes in the hospital environment has been effective in significantly improving healthy behavior among people who come into contact with the hospital.

Dissemination and evaluation activities carried out so far and their major results

Dissemination activities were significant during the first year and they were then strengthened during the second and third year.

During the first project year the dissemination of the the project goals and of the programmed activities was carried out through the project website and more than 6 presentations in conferences, seminars at local and national level.. During the second year the Emp-H website was updated; press releases, articles and documents were published, and workshops, conferences and local health events were organized Emp-H was disseminated in the following events:

- IPES - Paris (France), May 19 - May 20, 2016, attended by UPO. Objective: researchers and policy makers.
- European MSP Conference in Warsaw (Poland), 23 and 24 May 2016, attended LISS.
- ICIC 2016 - Barcelona (Spain), 24 and 26 May 2016, attended by ASL Biella.
- "European Emp-H Proyecto" event at the Valencia Health Department La Fe (Valencia - Spain), 12 May 2016, attended by HULAFE.
- "Green light: 10,000 steps to feel good", Biella (Italy), 26 May 2016, attended by ASL Biella.
- World MS Day in the University Hospital of Kaunas (Lithuania), 3 June 2016, attended by LISS.
- Cochrane Center, Rome (Italy), 4 July 2016, attended by UPO. Target: researchers of the AIE (Italian Society of Epidemiology).
- "Aging in health" meeting, Bologna (Italy), 17 October 2016, attended by UPO. Objective: policy makers and researchers.
- Conference EmmaS - by Sda Bocconi, 18 October 2016 at the Biella Hospital (Italy), attended by ASL Biella.
- AIE Congress - Turin (Italy), 19/21 October 2016, attended by UPO.
- Seventh EUSPR - European Society for Prevention Research - Conference and meeting of members, October 31 - November 2, 2016 - Berlin (Germany), attended by UPO and ASL BI. During the event a a special session on the Emp-H project was organized.
- S.I.T.I. Conference, Naples (Italy), 16/2 November 2016, attended by ASL

Biella.

- National Careers Meeting in Vilnius (Lithuania), 17 and 18 November 2016, attended by LISS.
- International Conference in Vilnius (Lithuania), 2 and 3 December 2016, attended by LISS.
- Winter Scientific Meeting in Dublin (Ireland) on December 7, 2016, attended by DCU.
- Irish Nutrition & Dietetic Institute Research Symposium in Dublin (Ireland) on January 26th, 2017, attended by DCU.
- 25th International Conference on Health Promoting Hospitals and Health Services in Vienna (Austria) on April 12th/14th, 2017, attended by DCU.
- ESC- EUROHEARTCARE - European Congress of Cardiovascular Nursing and Allied Healthcare Professionals - Jonkoping (Sweden) - May 19, 2017 attended by DCU.

During the third year of the project the main dissemination activities consisted in the production of the final video and the participation to several conferences. The Emp-H final conference held in Biella on 10 March 2018 was attended by a highly qualified audience, with scientific and academic support, as well as local and regional stakeholders. The conference was launched by the Commissioner for Health and Food Safety of the European Commission, Vytenis Andriukaitis (video message). Members of the Consortium and representatives of the HPH network attended the final conference. Furthermore, a round table was organized with the participation of other European projects researchers. These included: - The SUNFRAIL PROJECT (<http://www.sunfrail.eu/>), - THE PROJECT Co.NSENSO (Community nurses who support the elderly in a changing society - [www.alpine-space.eu / projects / consent / it / home](http://www.alpine-space.eu/projects/consent/it/home)), -The PROMIS (International Brick Program). Emp-H presentations during the third project year were held in the following conferences:

- SKILLS SUMMER CAMP - Sventoji (LT) - August 28/31, 2017.
- Annual Conference at Lithuanian Parliament : "Topicalities for learning disability care" – Kupiskis (LT) - September 22, 2017.
- Conference "LIVE WELL" – Kupiskis (LT) - September 23, 2017.
- The European

Work package

Work Package 1: project Management

Start month: 1

End month: 36

Work Package Leader: aslbi

Task 1.1 Financial and Administrative Coordination

- Liasing with the Project Officer;
- Submitting deliverables to the European Commission;
- Collecting and consolidating financial and administrative reports;
- Distributing EU contribution among the partners

Task 1.2 Scientific and operational Coordination

- Establishing a detailed Project Plan;
- Coordinating the activity of the individual Work Packages Leaders;
- Controlling the execution of the Project Plan;
- Keeping the overall project on schedule, by applying the appropriate corrective actions in case of shift in relation to the Project Plan;
- Discussing project objectives and results with the Project Coordination Committee and the Project Management Team (see for more details the section 9 of the proposal)
- Guaranteeing that the appropriate standards of project management and quality assurance are applied

Task 1.3 Communication and Administrative Management

To perform fast and effective communication in the project different procedures and tools will be implemented. Activities to be performed in this task are:

- Create periodic reports (management progress, dissemination, standardisation and financial)
- Planning and arrangement of project co-ordination meetings

Work Package 2: Dissemination and communication

Start month: 1

End month: 36

Work Package Leader: aslbi

The project results will be continuously transferred to the broadest audience both at local level and at European level through the following tools:

- Emp – H website in the English language, which will be a living window of the project and will be constantly updated with the latest results achieved throughout the entire lifecycle of the Project;
- Emp – H leaflet which will be produced in two version (at the begin and at the end of the project). The leaflet will support the presentation of the project in relevant

conferences and fairs. This represents the “classical” but still widespread marketing tool of any project;

- Midterm Workshop and the Final Conference where sector players will be invited for a face-to face presentation of the project results with the collaboration of the European Network HPH (as collaborating partner)

Task 2.1 Dissemination strategy and implementation

- Defining the dissemination and communication strategy for the Project;
- Identifying events in which to present the Project;
- Producing articles and newsletter to be published in the specialized and general press;
- Relations with local, national and pan-European media;

Task 2.2 Emp – H Website

- Setting up the project website in English language
- Defining the web site “dissemination strategy” including the related editorial policy and processes
- Maintaining and enhancing the project website

Task 2.3 Emp - H dissemination material design and production

Design and production of a two versions of leaflets and other dissemination material (one focused on health professional and the second one patient-centred) aimed at wide dissemination of the Emp – H idea. Handbooks for hospital managers and health professionals will be translated in the language of participating countries. In order to promote the initiatives among different targets groups, every participating hospitals will organize specific communication initiatives at local level (through hospital website, printed and video materials, totem, local meetings, etc.) in each own language. The general content of the dissemination material will be defined at central level and then customised by each partner at local level.

Task 2.4 Emp – H Midterm Workshop and Final Conference

- Organising the Midterm Project Workshop
- Organising the Final Project Conference in collaboration with the European network PHP in order to deliver the main results of the work done.
- Both the conferences could be organized in EU countries eventually not directly involved in the project with the support of the HPH network.

Work Package 3: Evaluation/Quality

Start month: 2

End month: 36

Work Package Leader: UPO

This WP will comprise six highly integrated tasks

Task 3.1- Development of evaluation tools. To develop 1) a process questionnaire regarding which interventions were selected for implementation, 2) an output questionnaire regarding participation to implemented interventions, 3) an outcome impact questionnaire assessing the impact on behavioural and biometric outcomes.

Task 3.2 – Development of study design. To develop a study protocol describing all aspects of the evaluation study, for example sample size, eligibility criteria, length

of follow up.

Task 3.3 – Process report. To summarize all the aspects concerning the implementation of interventions and facilities.

Task 3.4 – Recruitment of evaluation sample. To enrol patients which will be evaluated according to the eligibility criteria specified in the study protocol.

Task 3.5 – Output report. To describe the characteristics of the enrolled patients whom were administered the intervention.

Task 3.6 - Impact analysis and evaluation of economic sustainability. To describe the impact of the intervention on behavioural and biometrical outcomes aimed to demonstrate the potential replicability of the model.

Work Package 4: Selection of interventions

Start month: 2

End month: 9

Work Package Leader: CPM DCU

This WP will comprise four integrated tasks:

Task 4.1 – Profiling tool. To fulfil an at-risk patients profile tool, based on tools already available and shared with representatives of each hospital.

Task 4.2- Identification of environmental and individual interventions. To identify interventions already applied or which are identified as desirable in each hospital.

Task 4.3- Identification of evidence based interventions. To identify through a review of the scientific literature evidence based health professionals as well as environmental interventions.

Task 4.4- Integration between local and evidence-based prevention and clinical pathways. To provide an agenda of effective interventions to introduce in clinical pathways as well as at environmental level. This task needs to be adequately shared with key stakeholders of each hospital.

Work Package 5: Project implementation

Start month: 2

End month: 36

Work Package Leader: aslbi

This WP will comprise eight highly integrated tasks

Task 5.1 – Design of training modules. To realize an online learning management system containing all training modules and the training handbook, in order to benefit local trainers, health-professionals, and health directorates.

Task 5.2 – Training of local trainers. To train local trainers using (i) the online learning management system which will provide access to training modules and to regular interactive chat sessions; (ii) one three-day full-immersion course which will be held in Biella, Italy, and will comprise heavily interactive techniques such as role

playing; (iii) the handbook for health professionals; (iv) the handbook for hospital managers.

Task 5.3. – Supervised training of healthcare professionals and hospital managers. To train health professionals and managers in loco at their hospital. Central trainers will monitor and provide feedback on intervention implementations both during the training (by means of regular meetings) and afterwards on demand. This task aims to achieve an adequate quality of the training and to overcome cultural/background barriers. This task will benefit from all the deliverables and the know-how developed in the previous tasks of this WP.

Task 5.4 – Individual interview and counselling. To deliver effective individual interview (based on the handbook for health professionals) and counselling in order to (i) identify risk factors, (ii) provide a first brief personalised interventions, (iii) address patients to the HPC.

Task 5.5 – Group analysis for life restyling and related workshops. To organize effective health promoting group activities at hospital (based on the handbook for health professionals) in order to modifying selected behaviours.

Task 5.6 – Implementation of salutogenic hospital environment. To redesign the hospital environment (according the indications of the handbook for hospital managers) with the collaboration of hospital stakeholders in order to support healthy behaviours.

Task 5.7 – Maintenance of salutogenic hospital environment. To support and maintain all the environmental changes coordinating hospital stakeholders.

Task 5.8 – Local general agreement. To explore local public resources at community level aimed at supporting individual recommendations provided to patients and to define an agreement between the HPC and such resources.

Task 5.9 – Supply chain agreements. To explore local private resources at community level (e. g. nutrition, physical activity and entertainment) aimed at supporting individual recommendations provided to patients and to define agreements between the HPC and such resources.

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Layman version of the final report

aslbi

Empowering Hospital (Emp-H)

Published on: 08/10/2018

Short (e.g. 10 pages) version of the final report, written for the interested public as a target group

Interim and financial report (period 3)

aslbi

Empowering Hospital (Emp-H)

Published on: 08/10/2018

The report covers project progress and activities including management and Financial reports for the third reporting period.

Final report

aslbi

Empowering Hospital (Emp-H)

Published on: 08/10/2018

The final report will comprise a final publishable summary report covering the results, conclusions and socio-economic impact of the project. In the report will be also included materials from the mid-term workshop and the final conference, dissemination of training activities and agreements between the HPC and resources at community level

Evaluation questionnaires

UPO

Empowering Hospital (Emp-H)

Published on: 08/10/2018

Evaluation questionnaire (process questionnaire on which interventions were selected for implementation, output questionnaire on participations to implemented interventions, outcome and impact questionnaire on behavioural and biometric outcomes)

Report on impact and economic sustainability

UPO

Empowering Hospital (Emp-H)

Published on: 08/10/2018

Publicly available description and quantification on the behavioural and biometric effects of the interventions

Interim and financial report (period 2)

aslbi

Empowering Hospital (Emp-H)

Published on: 06/09/2017

The report covers project progress and activities including management and Financial reports for the second reporting period.

Interim and financial report (period 1)

aslbi

Empowering Hospital (Emp-H)

Published on: 15/06/2017

The report covers project progress and activities including management and Financial reports for the first reporting period

Process report on the implementation of interventions and facilities including study protocol

UPO

Empowering Hospital (Emp-H)

Published on: 08/09/2016

Description and quantification of the implementation of the individual, group-based, and environmental interventions

Project Leaflets and dissemination material

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Empowering Hospital (Emp-H)

Published on: 13/05/2016

Leaflets to promote the project

Emp-H Website

aslbi

Empowering Hospital (Emp-H)

Published on: 09/09/2015

Setting- up and maintaining of the project web site throughout the entire lifecycle of the project

Dissemination Plan

aslbi

Empowering Hospital (Emp-H)

Published on: 08/09/2015

Plan describes all the activities and tools aimed to promote the content and the results of the projec

Project quality plan

aslbi

Empowering Hospital (Emp-H)

Published on: 04/09/2015

Working methods to be used in the project as well as other standard in use such as project planning and administration