

# EVENT PLANNING

2019  
4 WEEK PLAN



4

Q1

# WHAT?

WHAT IS IT THAT YOU WANT TO PLAN ?

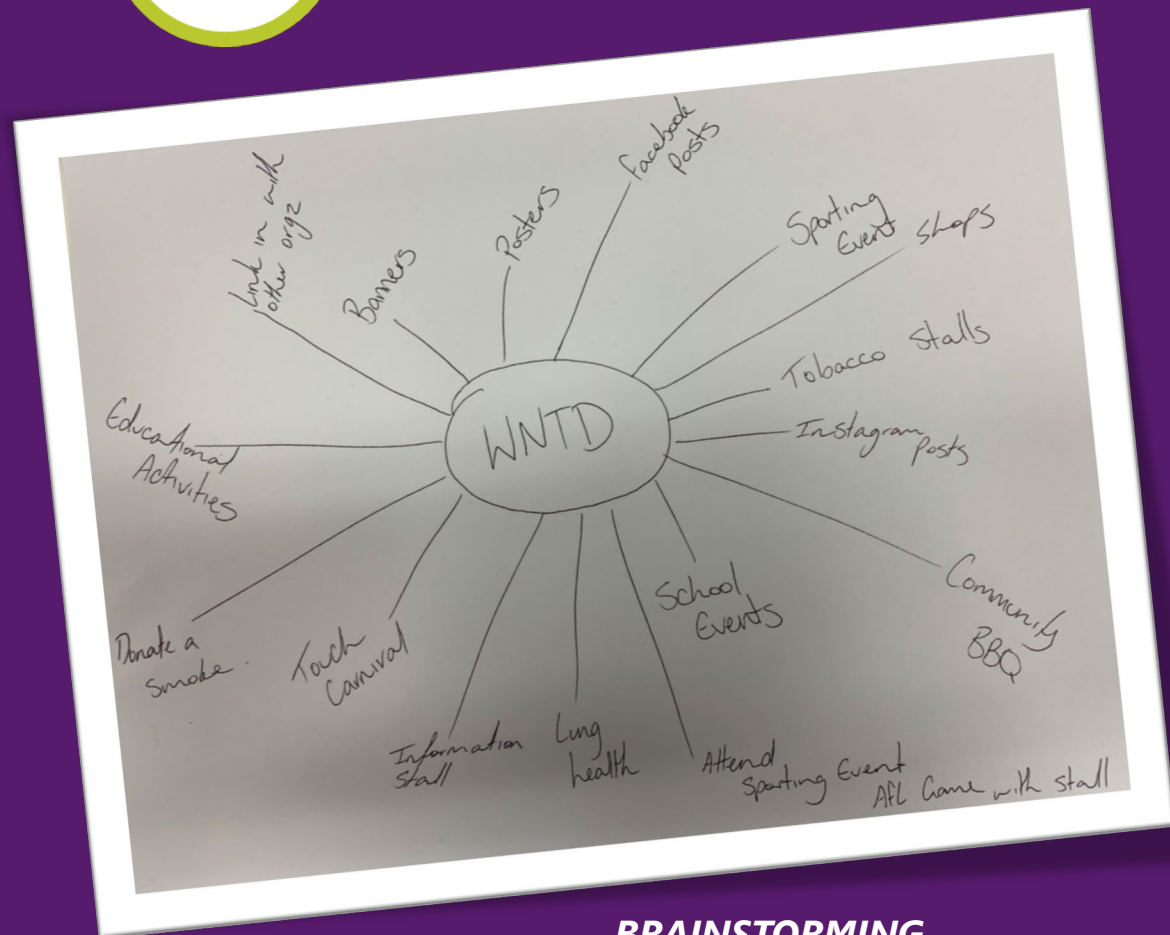
Q2

4

# HOW?

HOW ARE YOU GOING TO MAKE IT HAPPEN?

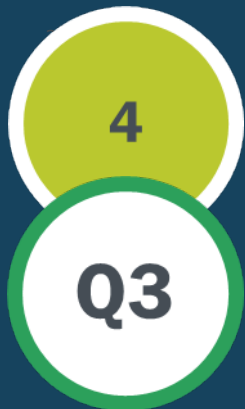
[J:\Tobacco\2019\Events\WNTD\Touch Carnival WNTD](#)



**BRAINSTORMING**



**Danila Dilba**  
Health Service



# PICK A DATE



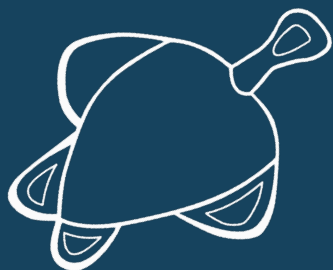
## 2019

<b>January</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>February</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>March</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>April</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>May</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>June</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>July</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>August</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>September</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>October</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>November</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>December</b> S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

## WHO?

*WHO DO YOU WANT INVOLVED?*

- Community Services Teams Danila Dilba
- Northern Territory Government (AOD Team)
- Deadly Choices Team



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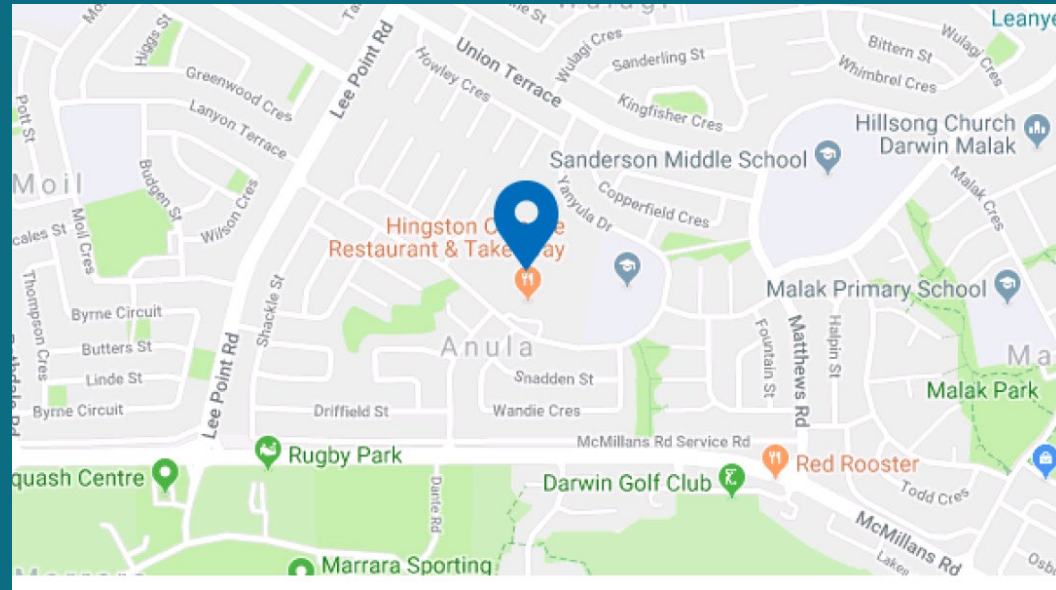
Q5

# PICK A LOCATION

WHERE WILL YOUR EVENT BE HELD?

## Things To Consider:

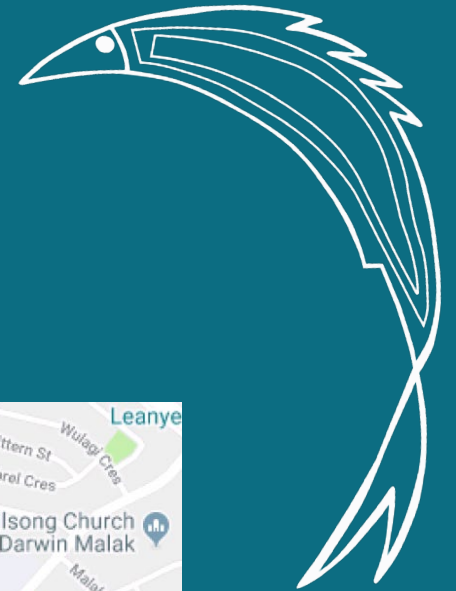
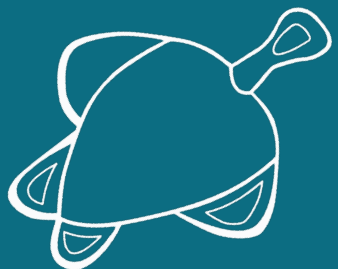
- ☐ Access to amenities
- ☐ Wheel Chair access
- ☐ Safe environment
- ☐ Power/water supply
- ☐ Food/catering options
- ☐ Bins
- ☐ Entry and exit points



MAP TO GET TO THE VENUE



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# PROJECT BREIF

18<sup>TH</sup> MAY 2019

WNTD TOUCHFOOTBALL  
CARNIVAL

1

JUSTIFY WHY YOU'RE DOING AN EVENT

2

FORMAL WAY OF PLANNING

3

NOTIFICATION FOR STAFF & STAKEHOLDERS

# T1

## WORK OUT YOUR BUDGET

- Create spreadsheet
- Create purchase orders
- Talk to managers/finance event budget
- What do you need to purchase?
- Guidelines (Healthy options)

EVENT BUDGET				
ITEM	DESCRIPTION	COST	PURCHASE ORDER COMPLETED Y/N	ITEMS RECEIVED Y/N
TOTAL ITEMS:	Description of item/s	TOTAL:	TOTAL:	TOTAL:

3

## T2

## LOCK IN RELEVANT MEETINGS

- All staff involved
- Stakeholders
- Venue owners
- Council
- Other organisations



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T1

# RUN SHEET

*BUILD A DRAFT AND THEN FINALISE THE TIMINGS*



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Family Touch Carnival Run Sheet

**Location:** Yanyula Park, Anula NT

**Date:** 18<sup>th</sup> May 2019

**Start time:** 9:00am

**Expected Attendance:** 300 People

**Event Coordinator:** Kirra Muggeridge

**Finish time:** 2:00pm

Time:	Action:	Responsibility:
9:00am	Welcome to Country	Jenon to source
9:10am	First Games Starting	NT Touch
9:10am	NRL Clinic for Kids	NRL - Jarrod
12:30pm	Lunch provided	DDHS staff – David to lead
1:15pm	Games start	NT Touch
2:00pm	Finish Games/ pack up	NT Touch/ DDHS



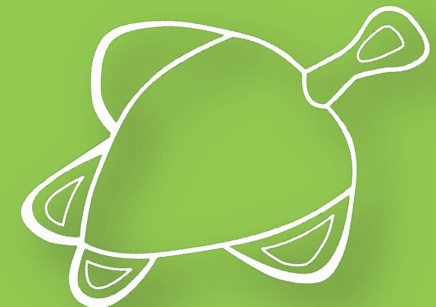
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# RISK

*ASSESS THE VENUE FOR RISKS*

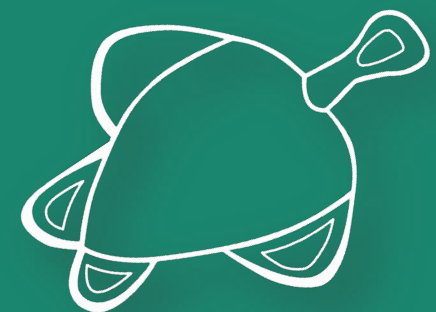
[J:\Tobacco\2019\Events\WNTD\Touch Carnival WNTD](#)



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# QUESTIONS/ COMMENTS?



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# **Data Collection Service Integration**





# **DDHS Clinical In-service**

- Clinical Director
- Clinic managers
- Education and Training Officer
  - Schedule



123

Complete Recall - SIMPSON, BART HOMER 19yrs Fictitious Patient Male

### Well Persons Check 15-54 years

Jenon Batty, Community Services (Administration - no client contact) Tackling Tobacco 20/10/2017 11:36 am

Urine protein dipstick		( 14/02/2012 +++ )
Urinalysis: Blood		( No previous values )
Urinalysis: Glucose		( No previous values )
Urinalysis: Leukocytes		( 17/10/2008 Negative )
Urinalysis: Nitrites		( 17/10/2008 Negative )
Do you have a problem with continence of urine or bowels?		
Incontinence Issues	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Blank	( No previous values )
Incontinence details		( No previous values )
If appropriate, consider for women - PAP, mammogram, obstetric hx and STI. Consider for men - STI, prostate screening and erectile dysfunction		
Sexual/Reproductive Hx taken/updated		( 14/02/2012 Attended, no changes to patient summary or recalls )
Sexual & reproductive health details		( 14/02/2012 <Double click to view memo> )
<h3>SNAPE</h3>		
Smoking status		( 24/04/2017 Current smoker - intends to quit later )
SMOKING STAGE OF CHANGE		( 14/08/2014 3 Trying (planning) )
Alcohol Consumption Level (DD)		( 14/08/2014 Drinks (any amount) )
Substance Use	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Blank	( 14/08/2014 Yes )
Substance Used		( 16/09/2016 <Double click to view memo> )
Frequency of use		( No previous values )
<h3>CVD Risk</h3>		



# Brief Intervention

## 5As

- ASK
- ASSESS
- ADVISE
- ASSIST
- ARRANGE



# Referral Process

**Referral;DDHS Tackling Tobacco**  
David Precoma, Knuckey Street Clinic (Administration - no client contact) Tackling Tobacco 20/10/2017 11:36 am

Comment  Display on Main Summary ☐

The patient is referred ☒ to ... ☐ from ...

Organisation

Provider referred to

Date referred

Appointment Date

Escort

Transport mode

Referral Complete

The referral is Critical ☐

Referral Validity Period  Until:

Current Referral status is ... Referred

**Referral Information**

Reason for referral  (11/07/2017 alcohol)

Substance Use Stage of Change  (29/05/2015 6 Oups learning (relapse))

**Referral Eligibility**

Client has a current 715 Health Check? ☐ Yes ☐ No ☒ Blank (No previous values)

**Referral Consent**

Client aware of referral ☐ (16/06/2015 Yes)

Copy given to client  (17/02/2015 Yes)

**Ask** a little about smoking and write here. E.g How many a day? How long have they smoked for? Are they currently on NRT?

**Reason for referral:** thinking about quitting; discuss NRT options

Client needs to be aware of referral

**Appointment Date:** if you have proceeded to book them in already, place date booked here

Can be seen without this



# NKPIs to December 2018

INDICATOR	Jun-16	Jun-17	Dec-17	Jun-18	Dec-18	2017 Goal	2023 Goal
PI09 Smoking Status Recorded	74%	79%	80%	80%	80%		
PI10 Smoking Status Current Smoker	56%	56%	57%	56%	56%		
PI11 Smoking During Pregnancy	53%	55%	56%	52%	48%		37



# Clinician Training

- Brief Intervention
- 5 A's
- NRT
- Referrals – AOD/Quitline





# Community Education

Seniors group/ANFPP/GTT

- Brief Intervention
- Health impacts
- NRT
- Referrals – AOD/Quitline

