

How to complete Monthly Care Statements

Monthly Care Statements give an overview of wellbeing activities, nutrition and weight, medication changes and appointments. Read about how to complete each section of the Monthly Care Statements template. You do not need to provide these 2 pages to residents.

Information for all residents receiving Monthly Care Statements

The sections below should be included on every Monthly Care Statement you provide.

Name/initials and birth year

To protect the resident's privacy, identify the resident without including all their details. For example, you might use a combination of their birth year and initials to create a unique ID (JS45 for John Smith born in 1945). This can also make filling out the statement faster. You can choose what identifiers you use.

Wellbeing activities

Include activities from the five recreation domains (physical, social, emotional, cognitive and spiritual). The table below provides some examples. You can add any activity.

Table 1: examples of wellbeing activities and frequencies

Activity	Frequency
Arts and crafts	Every available day
Excursions	Most days since last statement
Games	Twice/week
Movement	Weekly
Music	Fortnightly
Social events	Once since last statement
Other	Other

Nutrition and weight

Enter the resident's current weight and how it has changed since the last statement. Express this change as a percentage (%) and in terms of kilograms (+ or -). If the change was planned, include the reasons for this. Use the "Additional information about nutrition and weight" free text field to add any information not captured by the tick boxes, such as other diet types or allergies.

Medication changes

If you need room to add more medications, attach another page or use the "Additional information about medication changes" text box. You can also attach medication management documents like medication charts that show prescribed, complementary and non-prescription medicines.

Appointments

Enter hospital and other appointments attended, including dates, reason/s and which hospital. Then include the professionals such as GP, physio, dentist etc. This should include appointments with your on-site team as well any off-site appointments you have arranged.

Other relevant information

The sections below might not apply to every Monthly Care Statement or resident. You should include them whenever there is new or current information. You do not have to complete every section.

Summary information

Describe any other relevant health information about the resident. This includes formal medical diagnoses and regular treatments such as chemotherapy or dialysis. You can also include changes to behaviours or cognition. This should be treated sensitively and with the resident's needs in mind.

Wound management

Use the "injury status" section to show a wound has improved, worsened or remained unchanged since the last statement. You can also describe changes in more detail, such as if a wound becomes infected.

Mobility

Include reasons for any change to mobility in the "Additional information about mobility" text box. You should also include whether the resident uses mobility aids or other assistance.

Falls

Enter number of falls a resident has had since their last statement, even if it is 0. Use the "Additional information about falls" text box to add details such as reasons for each and if any falls resulted in a major injury.

Other relevant information

Use this section to add any extra relevant detail that does not fit in another section. You might also include discussion points about the resident's care.

About your Monthly Care Statement

What is a Monthly Care Statement?

It's an easy-to-read record of your health status and the care you received in the past month. The staff at your residential aged care home (us) prepare it for you. You can share it with your family and representatives.

This statement covers the past month including:

- your wellbeing activities
- changes to your nutrition and weight
- changes to your medication
- your medical and other appointments.

If relevant to the past month, this statement will also cover:

- medical diagnoses
- wound management
- mobility and falls.

As with all sensitive information about your care, your Monthly Care Statement is protected by privacy protocols. The same rules will apply under the New Aged Care Act. If you'd like to know more, email the Department of Health and Aged Care at MonthlyCareStatements@health.gov.au

Why am I receiving a Monthly Care Statement?

The Australian Government introduced Monthly Care Statements in response to concerns about a lack of communication in residential aged care. We hope it helps you start conversations with us about your care.

How can I receive my Monthly Care Statement?

You can receive your statement in several ways:

- verbally from a staff member
- printed on paper
- emailed to you.

Other options might be available too. Speak to a member of staff about what they can do.

If you need someone to translate your Monthly Care Statement, ask your provider to contact Translating and Interpreting Services National. TIS National provide translation help to people who are:

- from culturally and linguistically diverse backgrounds, including First Nations
- deaf or vision impaired.

Can I opt out of receiving a Monthly Care Statement?

You can choose whether you would like to receive a Monthly Care Statement. You can opt out and opt back in at any time. Just let a member of staff know.



Monthly Care Statement



Resident information

This statement may cover one calendar month (e.g. 1 May to 31 May) or overlapping calendar months (e.g. 20 April to 19 May).

Resident's name/initials:

Reporting period starts:

Resident's birth year:

Reporting period ends:

Resident's gender:



Wellbeing activities

Physical, social, emotional, cognitive and spiritual activities you did since your last statement, and how often.

Activity 1:

Frequency:

Activity 2:

Frequency:

Activity 3:

Frequency:

Activity 4:

Frequency:

Activity 5:

Frequency:

Activity 6:

Frequency:

Additional information about wellbeing activities:



Nutrition and weight

What food and drink you've been having and any changes to your weight.

Current weight (kg):

Difference since last statement (%):

Weight last statement (kg):

Was change planned? If yes, why?



Diet type

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> High energy, high protein | <input type="checkbox"/> Low sodium | |



Food

- | | | |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Soft and bite-sized | <input type="checkbox"/> Pureed |
| <input type="checkbox"/> Easy-to-chew | <input type="checkbox"/> Minced and moist | <input type="checkbox"/> Liquidised |



Drinks

- | | | |
|---|---|---|
| <input type="checkbox"/> Thin | <input type="checkbox"/> Mildly thick | <input type="checkbox"/> Extremely thick |
| <input type="checkbox"/> Slightly thick | <input type="checkbox"/> Moderately thick | <input type="checkbox"/> Other (describe below) |

Additional information about nutrition and weight:



Medication changes

What medications you took or stopped taking since your last statement, including the dosage and what they are for.

Medication name:

Description/purpose:

Reason for change:

- | | | |
|---|---|--|
| <input type="checkbox"/> Increased dosage | <input type="checkbox"/> Decreased dosage | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Started | <input type="checkbox"/> Stopped | |

Medication name:

Description/purpose:

Reason for change:

- | | | |
|---|---|--|
| <input type="checkbox"/> Increased dosage | <input type="checkbox"/> Decreased dosage | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Started | <input type="checkbox"/> Stopped | |

Medication name:

Description/purpose:

Reason for change:

- | | | |
|---|---|--|
| <input type="checkbox"/> Increased dosage | <input type="checkbox"/> Decreased dosage | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Started | <input type="checkbox"/> Stopped | |

Additional information about medication changes:



Medical and health care appointments

Any hospital or other medical appointments you had since your last statement.

Hospital admissions

Admission date:

Discharge date:

Admission date:

Discharge date:

Admission date:

Discharge date:

Admission date:

Discharge date:

Additional information about hospital admissions:

Other appointments

Appointment with:

Date of appointment:

Appointment with:

Date of appointment:

Appointment with:

Date of appointment:

Appointment with:

Date of appointment:

Appointment with:

Date of appointment:

Additional information about other appointments:



Summary information (diagnoses)

Health conditions that are relevant to your care.



Wound management

Any new injuries you have developed, or changes to existing injuries.

Date of injury:

Injury status:

Date of injury:

Injury status:

Date of injury:

Injury status:

Date of injury:

Injury status:

Additional information about wound management:



How well you move around and any mobility aids you need.

Changes to mobility

- ☐ No change to mobility ☐ Increase in mobility ☐ Decrease in mobility
☐ Other (describe below)

Additional information about mobility:



Any falls you have had during the month.

Number of falls since your last statement:

Additional information about falls:



Other relevant information

This section is for extra information about any category, or information that does not fit into one of the above categories. It might also contain things to discuss with us about your care.