



Voluntary Monthly Care Statements

Guide for residential aged care providers

Version 1.0 – August 2024



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Introduction

1. Introduction

Monthly Care Statements aim to improve communication between residential aged care homes and their residents about the care they receive. The Royal Commission into Aged Care Quality and Safety highlighted a lack of information flowing from providers to residents and their families. This issue continues to feature among complaints raised with the Aged Care Quality and Safety Commission¹.

Monthly Care Statements will make it easier for residents to keep a record of the care they receive. They can support regular conversations with their aged care home when care needs change.

1.1 Staged approach

The Australian Government is progressing this initiative through a staged approach. This started with a pilot in 2023 where residents, their representatives and aged care homes helped to design the statements.

A voluntary period to start giving Monthly Care Statements to residents will start on 1 October 2024. We encourage providers to introduce the statements during this period before they become mandatory. Providers can roll out the statements in a way that suits them during this period.

The Australian Government has not yet decided on when the statements will become mandatory. Once mandatory, it is expected that providers will give the statements in a written format.

The Department of Health and Aged Care is also working with software vendors to build digital solutions to produce the statements. These will be piloted in early 2025. We will ask providers to take part in pilot activities.

1.2 Who this guide is for

The purpose of this document is to support providers to start giving Monthly Care Statements during the voluntary period.

We encourage you to share this document with your staff. You can download it from the [department's website](#).

1.3 What is a Monthly Care Statement?

A Monthly Care Statement is a brief record of the health status and care provided to an older person receiving Commonwealth-subsidised residential aged care services. Aged care

¹ See the Aged Care Quality and Safety Commission's Sector Performance Reports, available at <https://www.agedcarequality.gov.au/news-publications/reports/sector-performance>

home staff prepare and give statements that capture information from the previous month. The statement includes information on:

- the resident's wellbeing activities
- any medication changes
- medical or health appointments attended
- the resident's nutrition and weight.

Where relevant to the resident, the statements should also include:

- a summary of medical diagnoses
- information on wound management
- mobility and falls.

See section 3 for more information.

1.4 Purpose of Monthly Care Statements

The purpose of Monthly Care Statements is to improve communication between aged care homes and their residents or representatives (see section 2.1 - Intended audience).

Statements should supplement, not replace, existing communication mechanisms already in place between approved providers and their residents.

Monthly Care Statements will give residents:

- information about their care in one easy-to-read statement, so they can monitor their care
- an overview of wellbeing activities, nutrition and weight, medication changes and appointments
- a prompt for further discussions with their provider about whether their care needs adjusting
- confidence their provider has listened and acted on their requests and feedback, and
- a better view of the outcome of assessment and care planning results undertaken by their provider, in accordance with the Aged Care Quality Standards.

Monthly Care Statements benefit providers by:

- helping you review and adjust care management plans
- assisting you to communicate with aged care residents about their care needs
- helping you address concerns in a timely way, and
- seeing trends in the feedback you receive, which can help you to improve care across your home.

1.5 Voluntary start

From 1 October 2024, aged care homes can choose to give a Monthly Care Statement to their residents and/or their representatives (see section 2.1 - Intended audience). The voluntary period allows homes to introduce the statements in a way that suits them. For example, you could give statements:

- to a proportion of residents

- at a less frequent cadence (for example, every 2 to 3 months)
- using a verbal or written delivery method.

During this period, you can prepare for future mandatory statements by:

- assessing what information you are already collecting and finding any gaps
- setting up processes to create and distribute the statements including:
 - timing
 - staff responsibilities
 - quality assurance and clinical review
- assessing changes or updates required to your information, communication and technology (ICT) and software systems
- training and supporting your staff.

1.6 Multipurpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care services

Multipurpose Services (MPS) and services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program can choose to offer statements.

No decision has been made on whether the statements will be mandatory for these providers in the future. Any decisions will only be taken after consulting with MPS and NATSIFAC program providers and their representatives.

Implementation

2. Implementation

2.1 Intended audience

The main audience for the Monthly Care Statements is the resident. All ongoing permanent residents of residential aged care are eligible to receive the statements.

Where the resident has no known capacity issues and has the capacity to receive and understand the statements, the resident can provide their consent for their statement to be provided to another individual (e.g. a family member).

- You should ensure that you have explicit consent from the resident to provide the statements to another individual.
- You should get consent in writing. However, verbal consent would be sufficient. You should record that verbal consent was provided.

If the resident does not have capacity to receive and understand the statements, you may be able to give the statement to their representative.

The statement can only be provided to the resident's representative where:

- It is known and recorded that a resident does not have capacity to receive and understand the statements; and
- The representative is authorised under the State or Territory law to make health decisions for the resident and/or to receive information about the resident's care (e.g. under a guardianship order or enduring power of attorney).

2.2 Verbal statements

During the voluntary period, you can give residents or representatives a verbal statement. You may have existing processes in place to regularly review and discuss a resident's care needs. You can build on these to start giving Monthly Care Statements.

Giving a verbal statement may help you meet the particular needs of a resident. For example, a verbal statement may be more appropriate/helpful for residents with a cognitive impairment or those from culturally and linguistically diverse backgrounds.

If the resident would like a representative to hear the statement as well you should consider scheduling a meeting for when they can attend.

2.3 Written statements

During the voluntary period, you can choose to give residents or representatives a written statement. We have provided a statement template on our website. You can choose to:

- print the template and hand write the information
- download the template and type in the information
- download and modify the template to suit your needs
- create your own template.

2.4 Statements do not replace existing communication

The Monthly Care Statements should improve, not replace, existing communication practices with residents and their representatives. For example, the statements should not replace point-in-time discussions when an older person's health has changed suddenly.

We encourage you to use the statements to support discussions about the resident's care and services provided.

2.5 When not to give statements

There are some instances where it is not appropriate to give a statement. This includes where residents are receiving respite care or end-of-life care.

2.6 Opting out

Residents and representatives can choose not to receive statements. A resident should be able to easily opt back in to receiving the statements at any time.

2.7 Reporting period

Statements should cover the care provided over one month. You should document the reporting period on the statement.

You can choose when in the month you give the verbal or written statement. You can give the statements on a rolling basis or on a set day each month for all residents. You can build the statements into existing processes and to suit business priorities, for example, a Resident of the Day process.

2.8 How statements count towards care minutes

Preparing the statements involves both administrative and clinical tasks. Clinical staff have a role in preparing the statements to ensure the information included is accurate and relevant to each resident's health and wellbeing. For this reason, some of the work to collate, review and give the statements will count towards a provider's care minutes target.

When it does not count towards care minutes

Time spent by staff developing, quality assuring and distributing written statements will not count towards the care minutes target. These activities are administrative tasks.

In the same way, collating information to prepare to give the statement verbally will not count towards care minutes.

When it can count towards care minutes

The following activities count towards care minutes if they are completed by a registered nurse, enrolled nurse or personal care worker/assistant in nursing, on-site at the service the resident lives in:

- clinical review of the statement (for example, checking whether changes to a resident's care plan are required)
- follow-up conversations with the resident about the statement
- refining and amending a resident's care plan.

This approach applies during the voluntary period from 1 October 2024.

More information on care minutes

More information about what activities count towards care minutes can be found in the *Care minutes and 24/7 registered nurse responsibility guide*². This guide is available on the Department of Health and Aged Care website.

² [Care minutes and 24/7 registered nurse responsibility guide | Australian Government Department of Health and Aged Care](#)

What to include in the statements

3. What to include in the statements

The statements will include a series of measures that can be tracked over time. These measures will give a snapshot of the:

- resident's health and wellbeing status
- changes from the previous month.

The statements include eight categories of information. Providers already collect most of this information for other purposes.

3.1 Content for every resident

The statements should detail the reporting period and, for written statements, include the resident's name and/or resident identifier and their birth date.

Every statement should include the following information:

- wellbeing activities (nature of the activities and frequency)
- nutrition and weight (diet type, weight and change)
- medication change (medications and changes)
- appointments (hospital visits, health/medical appointments)

The statements should include activities funded through additional services fees. See **Table1** below for details of the statement content.

Table 1: Details of information to include for every resident

Category	Details
Wellbeing Activities	<p>Organised leisure and health activities that the resident took part in and how often during the reporting period.</p> <p>Please include physical, social, emotional, cognitive, and spiritual activities. They could also include group and individual activities.</p> <p>Examples include:</p> <ul style="list-style-type: none">• Exercise sessions (walking, dancing, gardening)• Book groups/readings• Bingo / Quizzes• Music activities• Art and craft• Religious and cultural activities.
Nutrition and Weight	<ul style="list-style-type: none">• The resident's current weight and change since the previous month.• Information on whether the gain or loss was planned or unplanned.

	<ul style="list-style-type: none"> • The resident's diet type e.g. low sodium, high energy, high protein, diabetic. • The resident's food texture as per the International Dysphagia Diet Standardisation Initiative (IDDSI) framework³. • The resident's drink thickness as per the IDDSI framework. • Identification of any food allergies or intolerances. • Comments to explain any changes. <p>Note: Providers should obtain the resident's consent to assess their weight.</p>
Medication	<p>This category should include information documented in the resident's medication chart such as:</p> <ul style="list-style-type: none"> • the resident's current medication, and reason for its use • changes to type and dosage of medications • new medications, and reason for its use • ceased medications
Health/medical appointments	<p>Health/medical appointments attended by the resident over the month (either booked or delivered by the service), including:</p> <ul style="list-style-type: none"> • GP and specialist attendances • Allied health attendances • Dentist attendances. <p>Note: Include details on specialty or discipline.</p> <p>Hospital admissions (planned or unplanned), including admission and discharge dates.</p> <p>Do not record chemotherapy and dialysis visits here. These can be included in the summary information section of the statement.</p> <p>You can include context for appointments and admissions.</p>

3.2 Content for some residents

When relevant to a resident, the verbal discussion or written statement should also include:

- summary information (diagnoses)
- wound management
- mobility
- falls.

See **Table 2** for further detail.

³ [IDDSI - IDDSI Framework](#)

You can include any other information that is relevant to the resident's care. Consider the resident's needs when discussing sensitive issues, such as cognition or behaviour change.

Table 2: Details of information to include when relevant to the resident

Category	Details
Summary information (diagnoses)	Record any formal medical diagnosis of the resident or any other information relevant to their health and wellbeing status during the month. This could cover: <ul style="list-style-type: none"> regular treatments – chemotherapy, dialysis etc cognitive health, noting behaviour support plan.⁴
Wound management	Information on wounds, including: <ul style="list-style-type: none"> pressure injuries (including stage) any change since the previous month treatment.
Mobility	Changes in the resident's mobility since the previous month (amount of help required) and use of mobility aids.
Falls	Record: <ul style="list-style-type: none"> the number of falls in the month falls resulting in major injuries⁵.

3.3 Plain English

You should present the statements in a way that residents and their representatives understand them. Use simple and direct language and limit the use of acronyms or jargon.

3.4 Translation and interpreting

Translating and Interpreting Services (TIS) National can support your discussions with people from culturally and linguistically diverse backgrounds, First Nations people or people with hearing or vision impairments. TIS National can provide immediate phone interpreting, pre-booked phone interpreting, on-site interpreting and video remote interpreting.⁶

⁴ www.agedcarequality.gov.au/providers/standards/guidance-resources, navigate to behaviour support resources.

⁵ <https://www.health.gov.au/resources/publications/national-aged-care-mandatory-quality-indicator-program-manual-30-part-a?language=en>

⁶ <https://www.health.gov.au/our-work/translating-and-interpreting-service-tis-national-for-aged-care-service-providers-and-older-people-in-aged-care>

3.5 Sample template

We have created a sample template for a written statement. It is available on the department's website.

Preparing the statements

4. Preparing the statements

4.1 Main steps

At a broad level, preparing the statements will involve the following steps:

- Identify residents who have chosen to opt out of receiving statements.
- Identify residents who should not receive a statement because they are receiving end-of-life care or respite care.
- Confirm representative details and legal status information is current for residents unable to make informed decisions about their lifestyle or care.
- Collate information and prepare the Monthly Care Statement.
- Conduct a quality check on the statement's accuracy.
- Conduct a clinical review of the statement against a resident's care plan.
- Give the statement to the resident/representative:
 - verbally
 - in hard copy (hand delivery/post)
 - email or through an electronic platform
- Record providing the statement in the resident's care notes.
- Follow up with residents/representatives about the resident's health status and any changes to their care plan.

4.2 Respecting residents' privacy

Statements will contain sensitive information about residents. Providers should ensure they handle this information appropriately. Providers have obligations under Section 62-1 of the *Aged Care Act 1997* and under the *Privacy Act 1988* to protect residents' personal information.⁷ The Privacy Act includes the Australian Privacy Principles which regulate the handling of personal information.

If you give statements in hard copy, you need to ensure controls are in place to ensure the statements are only viewed by the intended audience (see section 2.1 above). For example, providers can:

- support residents to store the statements in a locked drawer
- store the statements in another secure location
- help the resident with the safe disposal of the statement.

If delivered electronically, you should ensure you have the correct and up to date contact details and protections in place such as password-protected documents or use of secure web-based portals.

⁷ Under the new *Aged Care Act* and *Strengthened Aged Care Quality Standards*, providers of residential aged care will have obligations to securely deliver, and store information pertaining to their residents.

Transition measures

5. Transition measures

Take part in the voluntary period to help you prepare before statements become mandatory.

We encourage you to let us know that you are giving statements in the voluntary period.

Please email us at MonthlyCareStatements@health.gov.au.

This will help us to:

- monitor how many providers are rolling out the statements
- update you on progress or changes to the project
- capture your experiences in giving the statements.

Your feedback during the voluntary period will help inform the Australian Government's decision on the mandatory requirements and timings.

5.1 Options for introducing statements

During the voluntary period you can introduce Monthly Care Statements in a staged way.

Options include:

- offering statements to a subset of residents
- offering statements every second or third month
- starting with verbal statements
- offering statements to residents with higher care needs
- providing statements that include information that is already available from existing data sources.

A benefit of giving statements in the voluntary period is the flexibility to build up to full delivery in a way that suits your service.

5.2 Statement automation

Digital solutions may assist providers to produce the statements. The Department is conducting a project to build ways to automatically generate Monthly Care Statements. We will work with providers and software vendors on this project.

If you wish to take part or receive updates on the project, please contact us at

MonthlyCareStatements@health.gov.au.