



# Residential Monthly Care Statements

Guide for residential aged care providers



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Section 1

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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 Commission<sup>1</sup>.

Monthly Care Statements 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.

The statements are a voluntary expectation. They are listed as an action under Outcome 3.3 of the Aged Care Quality Standards. Offering Monthly Care Statements is a way residential care providers can demonstrate conformance with this outcome.

## 1.2 Who this guide is for

The purpose of this document is to support residential aged care providers to give Monthly Care Statements to their residents.

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

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 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.

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

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 and anyone supporting the resident (see section 2.1 - Intended audience). Statements should supplement, not replace, existing communication mechanisms already in place between registered 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.

## **5.1 Options for introducing statements**

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.

# Implementation

# 2. Implementation

## 2.1 Recipients

The main recipient of the Monthly Care Statement is the resident. All ongoing permanent residents of residential aged care are eligible to receive the statements. The statements may also be helpful for the resident's family, registered supporters, and anyone else supporting a resident, subject to the circumstances detailed below.

The *Aged Care Act 2024* (the Act) assumes that all older people can make their own decisions, and provides a right to make their own decisions, with support if necessary. To support decision-making, residents should be given information to assist them to make informed decisions. Unless a provider has reason to believe that a resident does not have decision-making capacity for the specific matters covered in a Monthly Care Statement, the statement should be provided to the resident.

### Sharing with others, with consent of resident

A resident can also provide their consent for a copy of their statement to be provided to another individual. This can be any individual the resident has chosen, such as a registered supporter, family member or friend.

**Note:** The registered supporter is a new role introduced under the Act. You can find further information on registered supporters on the [department's website](#).

You should ensure that you have explicit consent from the resident to provide the statement to another individual. You should get consent in writing. However, verbal consent would be sufficient. You should record that verbal consent was provided. Consent can be changed at any time.

### Sharing with others, without consent of resident

Some people may be able to request and receive the statement on behalf of a resident, in line with their active, legal authority under a Commonwealth, state or territory arrangement. These people are known as 'appointed decision makers' and they can act and make decisions on behalf of a resident in line with their legal authority. Examples of appointed decision makers are enduring guardians and enduring attorneys.

Before providing a statement to an active, appointed decision maker, providers should always validate that they are authorised to receive this information under their Commonwealth, state or territory arrangement. This may be, for example, that the person has legal authority to make health decisions for the resident and to receive information about the resident's health care.

**Note:** Should the Monthly Care Statements become mandatory, obligations to share the statement automatically with certain people such as registered supporters may change. Guidance will be provided if this occurs.

For the purposes of this document, we use the term 'representative' to mean a person who the statement is shared with, either with the consent of the resident or because they are authorised to receive the statement under a Commonwealth, state or territory arrangement.

## 2.2 Statement format

You can give residents a verbal statement or a written statement while the statements are voluntary.

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.

Giving a verbal statement may help you meet the needs of a resident. For example, a verbal statement may be more appropriate/helpful for residents with 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.

## 2.4 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.

### **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*<sup>2</sup>. This guide is available on the Department of Health, Disability and Ageing website.

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

# What to include in the statements

# 3. What to include in the statements

The statements 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 **Table 1** 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"><li>• Exercise sessions (walking, dancing, gardening)</li><li>• Book groups/readings</li><li>• Bingo / Quizzes</li><li>• Music activities</li><li>• Art and craft</li><li>• Religious and cultural activities.</li></ul>
Nutrition and Weight	<ul style="list-style-type: none"><li>• The resident’s current weight and change since the previous month.</li><li>• Information on whether the gain or loss was planned or unplanned.</li></ul>

- 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) framework<sup>3</sup>.
- The resident's drink thickness as per the IDDSI framework.
- Identification of any food allergies or intolerances.
- Comments to explain any changes.

Note: Providers should obtain the resident's consent to assess their weight.

#### Medication

This category should include information documented in the resident's medication chart such as:

- 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

Health/medical appointments attended by the resident over the month (either booked or delivered by the service), including:

- GP and specialist attendances
- Allied health attendances
- Dentist attendances.

Note: Include details on specialty or discipline.

Hospital admissions (planned or unplanned), including the reason for admission, admission and discharge dates.

Do not record chemotherapy and dialysis visits here. These can be included in the summary information section of the statement.

You can include context for appointments and admissions.

## 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.

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.

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<sup>3</sup> [IDDSI - IDDSI Framework](#)

**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"><li>regular treatments – chemotherapy, dialysis etc</li><li>cognitive health, noting behaviour support plan.<sup>4</sup></li></ul>
Wound management	Information on wounds, including: <ul style="list-style-type: none"><li>pressure injuries (including date the wound was first observed or sustained, description of how the injury occurred, classification and status.)</li><li>any change since the previous month</li><li>treatment.</li></ul>
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"><li>the number of falls in the month</li><li>falls resulting in major injuries.<sup>5</sup></li></ul>

### 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.<sup>6</sup>

### 3.5 Sample template

A sample template for a written statement is available on the department’s website.

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<sup>4</sup> [www.agedcarequality.gov.au/providers/standards/guidance-resources](http://www.agedcarequality.gov.au/providers/standards/guidance-resources), navigate to behaviour support resources.

<sup>5</sup> [National Aged Care Quality Indicator Program Manual – Part A | Australian Government Department of Health, Disability and Ageing](#)

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



# 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 and document the resident's consent to provide the statement to another individual.
- 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 168 of the *Aged Care Act 2024*, Outcome 1.2 of the *Aged Care Quality<sup>7</sup> Standards*, and under the *Privacy Act 1988* to protect residents' personal information. 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 residents and/or their representative (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.

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<sup>7</sup> [Strengthened Quality Standards - August 2025 - Australian Government Department of Health, Disability and Ageing](#)