

Navigating Care Minutes Requirements in Residential Aged Care: A Strategic Approach for Providers



A Strategic Approach for Providers

From 1 July 2025, Australia's aged care sector will undergo one of the most significant transformations in decades.

Underpinning this change is the new Aged Care Act 2024, a rights-based legislation that prioritises the needs of older people and strengthens accountability for providers. Alongside this Act, a new funding model, a modern regulatory framework, and updated Aged Care Quality Standards will be introduced.



This white paper focuses on two critical components of these reforms:

- The requirement to deliver an average of 215 care minutes per resident per day (including 44 from an RN)
- The obligation for 24/7 on-site Registered Nurse (RN) coverage at every residential aged care facility

With the Sector Change Plan now released, providers have a clear roadmap to prepare for the cultural, operational, and technical shifts required by these changes.

Executive Summary

Australia's aged care reforms represent a landmark shift in how residential aged care is delivered and managed. Central to these changes are new staffing requirements that prioritise quality and continuity of care: the delivery of a daily average of 215 care minutes per resident (including 44 minutes from a Registered Nurse), and the mandate for 24/7 on-site RN coverage. These standards are intended to enhance the quality, safety, and consistency of care for older Australians.

However, achieving compliance requires a strategic, system-wide approach to workforce management. This white paper explores the implications of the reforms, the challenges faced by providers, and the role of integrated workforce planning and digital tools in ensuring safe, compliant, and sustainable care delivery.



1. Introduction: Context and Reform Overview

In response to the Aged Care Royal Commission's recommendations, the Australian Government has introduced significant staffing standards to improve care delivery. Effective from October 2024:

- Providers must deliver an average of 215 care minutes per resident per day, including 44 minutes from an RN.
- A Registered Nurse must be on-site 24/7 at each residential aged care facility.
- Up to 10% of the RN care minutes target can be met by Enrolled Nurses. These requirements aim to standardise care quality and ensure residents have continuous access to qualified clinical staff.

Why is this happening?

These changes directly respond to the Royal Commission into Aged Care Quality and Safety, which revealed systemic failures in care delivery, oversight, and workforce sufficiency.

The current legislation (Aged Care Act 1997) has long prioritised provider funding models over individual rights. The Aged Care Act 2024 reframes this by placing older people at the centre of care, introducing stronger safeguards, and setting clearer expectations on providers.

By mandating care minutes and RN coverage, the government seeks to ensure every resident receives clinically appropriate, person-centred care — no matter where they live.

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2. Key Operational Challenges for Providers

Meeting the care minutes and 24/7 RN obligations is not a simple task. It requires operational excellence, clear planning, and the ability to respond dynamically to emerging gaps. Providers across Australia are already grappling with several key challenges:



Workforce Shortages:

Recruiting and retaining enough Registered Nurses (RNs) is one of the most pressing issues facing the aged care sector. With an already strained workforce, meeting 24/7 coverage mandates places immense pressure on recruitment pipelines. Additionally, competition with hospital systems, burnout from demanding workloads, and limited access to training or career development pathways contribute to high turnover rates. This challenge is particularly acute in rural and regional areas where workforce supply is limited.

Providers are often forced to rely on costly agency staffing or overtime, which can affect both budgets and continuity of care. Addressing this challenge requires not only better rostering and planning but a renewed focus on long-term workforce development, pipeline partnerships with education providers, and support structures that reduce attrition and support career longevity....



Roster Complexity:

Balancing shift patterns while ensuring minimum coverage, managing fatigue, and meeting individual staff preferences creates significant rostering complexity. Larger providers with multiple sites face even greater logistical burdens to maintain 24/7 RN coverage across all locations.



Cost Pressures:

Providers are under increasing financial pressure to meet the required staffing levels without overly relying on overtime or expensive agency labour. For some, especially smaller or regional operators, maintaining compliance without incurring unsustainable cost increases is a delicate balancing act.



Operational Silos:

In many aged care settings, workforce planning, clinical governance, and compliance reporting are managed in isolation, with minimal communication or data sharing between teams.

This lack of integration often leads to inefficient workflows, duplicated effort, and gaps in visibility that can hinder timely decision-making. For example, a clinical governance team may be unaware of rostering decisions that impact frontline care delivery, or HR teams may be managing staffing allocations without insight into changing resident acuity levels.

These silos not only delay critical responses to compliance risks but also prevent organisations from taking a proactive approach to quality and safety. Breaking down these barriers requires coordinated leadership, interoperable systems, and a shared understanding of workforce and care data across departments.



Data Tracking and Evidence:

The reforms require providers to accurately measure and report the delivery of care minutes across various staff roles. Many providers may lack the tools or systems to effectively collect, validate, and submit this data in a timely and auditable manner. Tracking care minutes requires not just knowing who was on shift, but precisely what type of care was delivered, by whom, and when. This involves distinguishing between the care minutes delivered by RNs, ENs, and personal care workers, and ensuring this information is tied back to resident classification levels under AN-ACC. Additionally, changes in staffing or resident acuity throughout the day need to be captured dynamically. Without robust digital infrastructure, the burden of data management can become overwhelming and increase the risk of compliance breaches.

Furthermore, regular audits and reporting to the Department of Health and Aged Care require providers to demonstrate clear accountability, making data integrity a cornerstone of reform readiness.

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3. Strategic Approaches to Meeting the New Standards

To move beyond reactive planning and toward sustainable compliance, providers need to rethink their operational models. A successful strategy incorporates workforce optimisation, clinical insight, and technology support.

Key approaches include:



Integrated Workforce Planning:

Rather than treating staffing decisions as isolated events, providers should build a comprehensive workforce strategy aligned to resident needs, AN-ACC classifications, and care complexity levels. This includes forecasting workforce demand based on changes in resident mix, building rosters that ensure not just coverage but skill mix compliance, and layering in flexibility to respond to unplanned absences or surges in acuity.

Effective workforce planning takes into account regulatory requirements, staff availability, contractual entitlements, and fatigue management principles. It also involves regularly reviewing rostering patterns, using historical data to identify trends or inefficiencies, and adjusting shift structures accordingly. Importantly, integrated planning bridges the gap between frontline needs and back-office processes, ensuring clinical, operational, and administrative functions work in harmony to maintain safe staffing levels while supporting staff wellbeing.



Scenario Modelling:

Providers can benefit from modelling different care scenarios to assess workforce impacts under various assumptions. For instance, what happens to compliance if several RNs are unavailable? What if a spike in resident acuity demands more RN hours? Modelling enables proactive mitigation planning and more resilient rosters.



Real-Time Visibility and Flexibility:

Visibility into who is working, when, and where enables immediate response to unplanned absences or shifting needs in resident care. In a dynamic care environment, staffing disruptions are inevitable—from short-notice sick leave to unexpected changes in resident acuity. Providers need up-to-date insight into staffing levels across roles and shifts to respond swiftly and maintain compliance.

Real-time data allows organisations to identify gaps as they occur and redeploy resources efficiently whether that means adjusting rosters, calling in available staff, or reallocating tasks. This level of responsiveness helps reduce the risk of falling below care minute thresholds and ensures that critical RN presence is sustained throughout the day and night.

Moreover, when integrated with mobile access and communication tools, real-time visibility empowers managers and frontline workers alike to coordinate care, adapt to change, and support continuity in care delivery. It is not just about knowing where the gaps are—but being equipped to fill them fast and fairly.



Staff Engagement and Empowerment:

A successful strategy must prioritise the workforce experience. This includes offering predictable schedules, supporting work-life balance, and enabling staff input into rostering decisions. Empowered staff are more likely to remain engaged and committed to delivering quality care.



Cross-Functional Collaboration:

Collaboration between care teams, human resources, finance, and IT ensures that compliance with the new standards is supported from all angles—from workforce planning and budgeting to risk mitigation and system optimisation. When departments operate in silos, important nuances of care delivery and staff needs can be overlooked.

For example, the finance team may not understand the clinical importance of maintaining certain skill mixes on night shifts, or IT may not prioritise integration of systems that enable real-time staff monitoring if they are not aligned with clinical goals.

By creating multi-disciplinary working groups or governance committees focused on care minute compliance and RN coverage, providers can ensure alignment and accountability across departments. Cross-functional collaboration also fosters shared ownership of challenges and encourages innovative, organisation-wide solutions—critical for maintaining quality and sustainability in a highly regulated environment.



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To thrive under these new standards, providers must adopt a proactive, integrated approach. This involves rethinking how workforce, data, technology, and governance intersect to support compliance, safety, and care outcomes.

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4. Planning Framework for Compliance and Sustainability

Pillar	Actions
Staffing	Ensure 24/7 RN coverage, allocate roles based on skills and classification
Data	Track care minutes by staff type, resident, and shift
Technology	Implement tools that support dynamic rostering and real-time adjustments
Governance	Implement tools that support dynamic rostering and real-time adjustments

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5. Visual Snapshot: Understanding the Care Minute Mix

To support planning and compliance, it's useful to visualise how the 215 total care minutes per resident per day may be distributed across different staff types. The breakdown ensures alignment with both clinical best practices and regulatory benchmarks. While the figures below represent an average mix, actual distribution may vary depending on resident acuity, staffing availability, and facility size.

Staff Role	Average Minutes per Resident	% of Total Care Minutes
Registered Nurse (RN)	44	20.5%
Enrolled Nurse (EN)*	20	~9% (if used)
Personal Care Worker (PCW)	151	~70%

***Note: Up to 10% of the RN requirement can be met by Enrolled Nurses (ENs) from October 2024. This offers some flexibility but still demands a substantial RN presence onsite.**

Facilities should not only ensure these care minute thresholds are met consistently but also account for variations in shift patterns, staff skill mix, and unplanned absences. Strategic use of data and scenario modelling can help optimise this balance, ensuring regulatory compliance without overextending workforce resources.



Essential Information to Take Note Of:

Key Compliance Requirements (Effective October 2024 – July 2025)

Suggested Content:

215 average care minutes/day per resident, including:

- 44 minutes from RNs
- Up to 10% of RN minutes may be met by ENs

24/7 onsite RN coverage

- Mandatory care minute reporting tied to AN-ACC classification
- Auditable data for Department of Health & Aged Care review
- Transition support via Sector Change Plan & resources

Conclusion

The shift toward mandated care minutes and continuous RN coverage reflects a broader transformation in aged care. Providers who embrace integrated planning, smart technology, and staff-centric approaches will be better positioned to thrive under the new standards—not just to comply, but to lead in delivering high-quality aged care across Australia.

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6. Further Resources and Planning Tools

Government resources

- A. Australian Government Department of Health and Aged Care. Care Minutes and 24/7 Registered Nurse Responsibilities – Guides for Residential Aged Care Providers. February 2025.
<https://www.health.gov.au/sites/default/files/2025-02/care-minutes-and-24-7-registered-nurse-responsibilities-guides-for-residential-aged-care-providers.pdf>
2. Australian Government Department of Health and Aged Care. The Australian National Aged Care Classification (AN-ACC) Funding Guide.
<https://www.health.gov.au/resources/publications/the-australian-national-aged-care-classification-an-acc-funding-guide>
3. Australian Government Department of Health and Aged Care. Residential Aged Care Funding Reform.
<https://www.health.gov.au/topics/aged-care/aged-care-reforms-and-reviews/residential-aged-care-funding-reform>
4. Australian Government Department of Health and Aged Care. 24/7 Registered Nurse Supplement for Residential Aged Care.
<https://www.health.gov.au/topics/aged-care/providing-aged-care-services/funding-for-aged-care-service-providers/247-registered-nurse-supplement>
5. Australian Government Department of Health and Aged Care. Guidance on Care Minute Targets.
<https://www.health.gov.au/our-work/care-minutes>

Planning tools and Guides:

Care minutes in residential aged care dashboard :

[Click here](#)

Care minutes responsibility: Guide for residential aged care providers:

[Click here](#)

New Aged Care Act – Sector Change Plan (March 2025):

[Click here](#)



How RLDatix Supports the Sector

At RLDatix, we recognise the critical need for aged care providers to meet new regulatory requirements while also focusing on workforce wellbeing and operational efficiency. Our integrated solutions suite is purpose-built for healthcare and aged care organisations, offering the support providers need to meet evolving compliance requirements with confidence and flexibility. We are deeply engaged with the aged care sector, continually evolving our tools in partnership with industry leaders and care providers to meet on-the-ground realities.

Workforce Management



- An intelligent rostering platform that helps providers plan staffing against care targets and resident needs.
- A mobile communication app enabling shift confirmations, real-time alerts, and staff empowerment.
- An acuity-based planning tool that provides visibility into real-time staffing adequacy aligned to resident complexity.

Together, these solutions help aged care organisations confidently meet their care minute and 24/7 RN responsibilities while fostering safe, compliant, and person-centred care environments.

Want to see how we're helping providers plan care minutes and rosters in real-time?

**Book a demo or
talk to us**