

MEGA-MAC INDICATOR 4: Medication Review

QUM domains: Judicious use; Appropriate use; Safe and effective use

Percentage of residents who have received a comprehensive medication review by an appropriately qualified pharmacist within the last year

Purpose

This indicator assesses the provision of comprehensive medication review processes that promote quality use of medicines (QUM) in all RCH residents including resident groups at high risk of medication harm: those with polypharmacy, receiving antipsychotic medication and newly admitted to the residential care home (RCH).

The Guiding Principles for Medication Management in Residential Aged Care Facilities (Guiding Principles) set out recommendations for medication management to support aged care provider organisations, residential aged care facilities (RCHs) and aged care staff to improve medicine safety.¹ This indicator will assist monitoring, development of quality improvement strategies and provision of reports to the facility's Medication Advisory Committee regarding comprehensive medication review (CMR) provision to permanent RCH residents and those at risk of medication-related harm as recommended by the Guiding Principles.

The MEGA-MAC Indicator 4 Data Collection Tool

The MEGA-MAC Indicator 4 Excel® Data Collection Tool assists data collection and auto-calculates the primary and secondary indicators. The Data Collection Tool contains 8 Data Sheets to enable data collection for 8 quarters over a 2 year period. Raw data should only be entered into the relevant quarter's Data Sheet. The comments column in the Data Sheet can be used to make comments and/or annotate deficiencies identified during indicator measurement.

The Summary Sheet provides a summary of the auto-calculated Indicator 4 and secondary indicator results for the audited quarters. No data should be entered into this sheet. Graphic displays of Indicator 4 results and those of the secondary indicators for the audited time periods is shown and assists quality improvement evaluation. It also enables visualisation of the audit results for presentation to stakeholders such as MAC members.

The Summary of Responses Sheet displays the number of positive responses to each statement in the relevant Data Sheets and the auto-calculated numbers for Indicator 4 and the secondary indicators over the relevant quarters. No raw data should be entered into this sheet.

N.B. Data collection involves collating several components of appropriate medication management and use. The measurement of the individual components informs post-audit interventions. This indicator relies on documentation in the facility's clinical records. It is assumed that the absence of explicit documentation means no information was provided.

Data collection for local use

Inclusion criteria: All permanent residents currently residing in the RCH.

Exclusion criteria: RCH residents receiving respite care*; RCH residents who have died or who left the RCH in the previous 12 months.

* Respite care refers to care provided to residents who are admitted for short-term care only. Those who were initially admitted for respite care but then continue to reside in the RCH should be included in the indicator measurement.

Key definitions

A comprehensive medication review refers to a systematic assessment of a resident's medications and the management of those medications, to optimise resident health outcomes and identify potential medication-related issues within the framework of the quality use of medicines.²

Examples of comprehensive medication reviews (CMRs) are:

- the residential medication management review (RMMR). This is an Australian Government-funded service in which the medical practitioner and the accredited pharmacist both participate in the medication review process, consistent with the business rules for Item 903 of the Medicare Benefits Schedule. Business rules for RMMRs may restrict its application e.g. respite residents are ineligible for RMMRs; the permanent resident's medical practitioner must determine whether there is a need for RMMR and the permanent resident or substitute decision maker must give consent for RMMR.
- a medication review undertaken by a credentialed Aged Care-Onsite Pharmacist.³ The business rules for this type of CMR may be different to those of RMMR.

Please note, for this indicator:

- the CMR must occur while the care recipient resides in the RCH. It does not include medication reviews undertaken when the resident was living at home (e.g. a Home Medicines Review) or when the resident was hospitalised; and,
- it is not required that a general practitioner's medicine management plan has been completed following the CMR.
- medication reviews undertaken by medical practitioners or nurse practitioners at admission or while the resident lives at the RCH are not included.

An appropriately qualified pharmacist refers to a registered pharmacist who is credentialed to perform medication management reviews (e.g. RMMRs) or is a credentialed aged care onsite pharmacist. The Australian Pharmacy Council have outlined performance outcomes and developed draft accreditation standards for Medication Management Review Pharmacists and aged care onsite pharmacists.³

Within the last year refers to the 12 months' time period before the date of the audit if they have been a resident for more than 12 months or since their RCH admission if they have been admitted to the RCH within the last 12 months.

Information about how to respond to the statements in the MEGA-MAC Indicator 4 Data Collection Tool is provided below:

1. The resident received a comprehensive medication review (CMR) by an appropriately qualified pharmacist within the last year.



Allocate a 'Yes' response in the Data Collection Tool if the resident received CMR by an appropriately qualified pharmacist within the last 12 months.



Allocate a 'No' response in the Data Collection Tool if the resident did not receive a CMR within the last 12 months.

2. The resident was admitted within the most recent quarter.

These permanent RCH residents are deemed to be newly admitted. For example, residents admitted between 1 January 2025 and 31 March 2025 will be audited when undertaking data collection for Audit Quarter (January to March 2025) with Date of Audit 01/04/2025.




Allocate a 'Yes' response in the Data Collection Tool if the resident is listed as being admitted to the RCH in the audited quarter.




Allocate a 'No' response in the Data Collection Tool if the resident is not listed as being admitted to the RCH in the audited quarter.

3. The resident was identified as having polypharmacy in the most recent quarter's NQIP polypharmacy audit.


A RCH resident with polypharmacy refers to a resident prescribed nine or more medications as identified in the National Aged Care Mandatory Quality Indicator Program (NQIP) Polypharmacy audit that aligns with the audited quarter. For example, when undertaking data collection for the January to March 2025 audit, use the NQIP polypharmacy audit: Quarter 3, 2024-2025 covering the January to March 2025 time period.


 Allocate a 'Yes' response in the Data Collection Tool if the resident is identified with polypharmacy in the relevant NQIP polypharmacy audit.

 Allocate a 'No' response in the Data Collection Tool if the resident is not identified with polypharmacy in the relevant NQIP polypharmacy audit.

4. The resident was identified as receiving an antipsychotic medicine in the most recent quarter's NQIP antipsychotic audit.

A RCH resident receiving an antipsychotic medicine refers to a resident who received an antipsychotic medication as identified in the NQIP antipsychotic audit that aligns with the audited quarter. For example, when undertaking data collection for the January to March 2025 audit, use the NQIP antipsychotic audit: Quarter 3, 2024-2025 covering the January to March 2025 time period.

 Allocate a 'Yes' response in the Data Collection Tool if the resident is identified as receiving antipsychotic medicine in the relevant NQIP antipsychotic medicine audit.

 Allocate a 'No' response in the Data Collection Tool if the resident is identified as not receiving antipsychotic medicine in the relevant NQIP antipsychotic audit.

Recommended data sources

- A list (preferably alphabetical) of all current permanent residents as at the audit date.
- A list (preferably alphabetical) of all residents who have had comprehensive medication management review over the last 12 months and the date the CMR occurred. It is recommended that the pharmacist(s) undertaking the RCH medication reviews provide a quarterly report to the RCH of the residents who have had medication reviews over the previous 12 months and when these medication reviews occurred.
- A list (preferably alphabetical) of current non-respite residents admitted within the relevant audited quarter.
- The most recent NQIP audit reports for polypharmacy and antipsychotic use listing the resident's name. (This is preferably alphabetical, for cross-matching against the medication review list.) The relevant quarter of the NQIP audits is the same as the audited quarter i.e. NQIP Audit Quarter (January - March 2025) should be used when undertaking data collection for the 3 months' time period 1 January to 31 March 2025).

Calculation of Indicators

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

The use of this indicator and the accompanying Data Collection Tool enables calculation of the Primary Indicator and the Secondary Indicators. These will assist monitoring and development of quality improvement strategies.

Indicators	Numerator	Denominator	Target
Calculation of Primary Indicator			
Percentage of residents who have received a comprehensive medication review (CMR) by an appropriately qualified pharmacist within the last year.	Number of residents who have received a CMR by an appropriately qualified pharmacist within the last 12 months.	All current permanent RCH residents.	High (towards 100%)
Calculation of Secondary Indicators			
1. Percentage of newly admitted residents who have received a comprehensive medication review (CMR) by an appropriately qualified pharmacist since their RCH admission.	Number of RCH residents admitted within the audited quarter who have received a CMR by an appropriately qualified pharmacist since being admitted to the RCH.	All current newly admitted permanent RCH residents.	High (towards 100%)
2. Percentage of residents with polypharmacy who have received a comprehensive medication review (CMR) by an appropriately qualified pharmacist within the last year.	Number of residents prescribed nine or more medications as per relevant NQIP audit and who have received a CMR by an appropriately qualified pharmacist within the last 12 months.	All current permanent RCH residents identified with polypharmacy in the relevant NQIP polypharmacy audit.	High (towards 100%)
3. Percentage of residents receiving an antipsychotic medication who have received a comprehensive medication review (CMR) by an appropriately qualified pharmacist within the last year.	Number of residents who received an antipsychotic medication as per the relevant NQIP audit and have received a CMR by an appropriately qualified pharmacist within the last 12 months.	All current permanent RCH residents identified receiving an antipsychotic in the relevant NQIP antipsychotic audit.	High (towards 100%)

Indicator Limitations

This indicator does not measure the quality of the CMRs or whether medicines management action plans are developed and implemented. More in-depth auditing could collect this information and inform post-audit interventions.

The secondary indicators involving the NQIP audits do not determine whether the CMR occurred before or after the resident is identified with polypharmacy or as having received antipsychotic medication. The indicators help identify whether residents with these (or potential for these) high-risk medicine factors are receiving CMRs at any stage within the last year.

Indicator Background

The Guiding Principles for Medication Management in Residential Aged Care Facilities (Guiding Principles) set out recommendations for medication management to support aged care provider organisations, residential aged care facilities (RCHs) and aged care staff to improve medicine safety.¹

The Guiding Principles recommend that the RCH healthcare team and visiting healthcare providers ensure that each person's medicines are reviewed regularly and as needed, to optimise medicines use and minimise medicines-related problems.¹ A multidisciplinary and collaborative process that enables each person's medicines to be reviewed regularly and comprehensively is recommended given the age of RCH residents and the frequent complexity of their medication regimens. The Guiding Principles recommend people who are newly admitted to the RCH receive a comprehensive medication review as soon as possible after admission to the RCH (or re-admission to RCH after hospitalisation). It is also recommended that RCHs prioritise medication reviews for people who are receiving high-risk medicines such as psychotropic medics, anticoagulants or insulins or who have suffered a medicines-related problem.

The indicator is based on recommendations in:

- Guiding Principle 4: Evaluation and Quality Improvement
- Guiding Principle 6: Selection of medicines and
- Guiding Principle 10: Medication reconciliation
- Guiding Principle 11: Medication review.

Further information

This indicator can be used to assist RCHs in meeting the draft Strengthened Aged Care Quality Standards³, in particular:

i) Standard 1: The Individual. Outcome 1.1: Person-centred care; Outcome 1.3: Choice, independence and quality of life.

ii) Standard 2: The Organisation.; Outcome 2.2b: Quality, safety and inclusion culture to support individuals; 2.3: Accountability, quality system and policies and procedures; Outcome 2.4: Risk management.

iii) Standard 3: The Care and Services: Outcome 3.1: Assessment and planning; Outcome 3.2: Delivery of funded aged care services; Outcome 3.3: Communicating for safety and quality; Outcome 3.4: Planning and coordination of funded aged care services.

v) Standard 5: Clinical care. Outcome 5.3: Safe and quality use of medicines; Outcome 5.4: Comprehensive Care; Outcome 5.5: Safety of clinical care services; Outcome 5.6: Cognitive impairment.

v) Standard 7: The Residential Community. Outcome 7.2: Transitions.

This indicator can also be used to assist RCHs in meeting the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standards⁵ Quality Statement 7: Monitoring, reviewing and ceasing psychotropic medicines.

References

1. *Guiding Principles for Medication Management in Residential Aged Care Facilities*. Commonwealth of Australia, Dept of Health and Aged Care; 2022. Accessed July 1, 2024. <https://www.health.gov.au/resources/publications/guiding-principles-for-medication-management-in-residential-aged-care-facilities?language=en>
2. *Guidelines for comprehensive medication management reviews*. Pharmaceutical Society of Australia; 2020. Accessed July 1, 2024. <https://my.psa.org.au/s/article/guidelines-for-comprehensive-mmr>
3. *Accreditation Standards for Aged Care/MMR Programs 2023 Performance Outcomes Framework*. Australian Pharmacy Council Ltd; 2023. Accessed January 3, 2024. <https://www.pharmacycouncil.org.au/resources/consultation-AgedCare-MMR-Pharmacist-education-programs-standards/Performance-outcomes.pdf>
4. *Strengthened Aged Care Quality Standards (draft)*. Commonwealth of Australia, Dept of Health and Aged Care ; 2025. Accessed 29 March, 2025. <https://www.health.gov.au/resources/publications/strengthened-aged-care-quality-standards-february-2025?language=en>
5. *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard*. Australian Commission on Safety and Quality in Healthcare; 2024. Accessed June 27, 2024. <https://www.safetyandquality.gov.au/sites/default/files/2024-05/Psychotropic-Medicines-in-Cognitive-Disability-or-Impairment-Clinical-Care-Standard.pdf>