

MEGA-MAC INDICATOR 1: The MAC Meeting

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

Percentage of recommended medication governance activities undertaken by the RCH

Purpose

This indicator assesses the presence of processes that promote appropriate governance of medicine-related activities in residential care home (RCHs).

This indicator is based on recommendations for medication management made in the [Guiding Principles for Medication Management in Residential Aged Care Facilities](#) (Guiding Principles) to support aged care provider organisations, residential care homes (RCHs) and aged care staff to improve medicine safety.¹ See Indicator Background section for more information.

The MEGA-MAC Indicator 1 Data Collection Tool

The MEGA-MAC Indicator 1 Excel® Data Collection Tool assists data collection and indicator calculation.

The Data Sheet enables entry of raw data for 8 quarters over 2 years. 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 results: the number and percentages of the recommended medication governance activities undertaken by the RCH for the MAC meeting held in each quarter. A graphic display of Indicator 1's results over the audited time periods is also shown and assists quality improvement evaluation. It also enables visualisation of the audit results for presentation to stakeholders such as MAC members.

N.B. This indicator relies on good documentation in the meeting papers of the MAC meeting. Since good documentation is a critical component of optimal medication management, it is assumed that the absence of explicit documentation means no information was provided.

Data collection for local use

Inclusion criteria: All Australian residential care homes (RCHs).

Exclusion criteria: Not applicable

Key definitions

Recommended RCH medication governance activities refers to the following medicines oversight actions and processes that were presented* **at the most recent Medication Advisory Committee (MAC) meeting held within the last 12 months of the audit date.**

N.B. Set audit dates as the day after the quarter (even if the audit is not strictly performed on that date). For example, an audit of 1 January -31 March 2025 quarter will have an audit date of the 1st April 2025 (01/04/2025).

1. The RCH's MAC met in the last quarter.

The response to this field is auto-calculated based on responses to questions in the Preamble- specifically, the date of the audit and the date of the most recent MAC meeting.

A 'Yes' response will automatically be allocated in the Data Collection Tool if the MAC met within the 3 months of this indicator's audit date. For example, when auditing for the January to March 2025 quarter, the audit date is set as 01/04/2025 and a 'Yes' response to this statement is automatically allocated if the most recent MAC meeting occurred between 1st January and 31st March 2025.

A 'No' response will automatically be allocated in the Data Collection Tool if the MAC did not meet within the 3 months of this indicator's audit date. For example, this would mean that no MAC meeting occurred between 1st January and 31st March 2025 when the audit date is set at 01/04/2025.

2. The RCH's MAC meeting was multidisciplinary.

This means that at least three of the following healthcare professionals/groups attended (face-to-face or online) the MAC meeting:

- General practitioner,
- Specialist prescriber e.g. geriatrician, psychiatrist,
- Nurse practitioner,
- Pharmacist,
- Registered nurse involved in the direct care of residents, and
- Member from the allied health profession such as physiotherapist, dietitian, behavioural therapist, or occupational therapist.

While it is preferable to have multiple pharmacist roles (e.g. community pharmacist, on-site aged care pharmacist, credentialed medication review pharmacist) attend MAC meetings, for this indicator, different pharmacist roles in attendance should only be counted as one pharmacist in attendance. Different members of the allied health profession in attendance should only be counted as one discipline in attendance.

Allocate a 'Yes' response in the Data Collection Tool when three or more of the healthcare professionals/groups listed above, attended the most recent MAC meeting.

Allocate a 'No' response in the Data Collection Tool if less than three of the above healthcare professionals/groups attended the most recent MAC meeting.

3. When a MAC governs more than one RCH, a representative of this RCH was in attendance.

A representative is defined as a member of the RCH's clinical management team such as a registered nurse, clinical nurse consultant or clinical manager from the individual RCH.

Allocate a 'Yes' response in the Data Collection Tool if a member of the individual RCH's clinical management team attended the MAC meeting.

Allocate a 'No' response in the Data Collection Tool if a member of the individual RCH's clinical management team did not attend the MAC meeting.

Allocate a 'N/A' response in the Data Collection Tool if the MAC is responsible for only one RCH.

* presented means that there is documentation in the MAC meeting minutes (or the agenda and its accompanying papers) from the last MAC meeting that an individual RCH's report was provided for consideration by the attendees at the MAC meeting.

4. The RCH's report of residents' experiences from RCH residents, their carers, family and/or substitute decision-makers regarding medication-related issues.

The nature of these reports may vary between MAC meetings and between RCHs. The reports may include complaints or feedback from individuals and carers of concerns or risks they have seen involving medicines; results from surveying residents and/or carers about their understanding of their medicines, their involvement in decision-making or choice of medicines, and/or how they felt about the informed consent process; or reports from the use of formal patient-reported experience measures (PREMs). This report is NOT a medication incident report derived from the RCH's medication incident reporting system.

Allocate a 'Yes' response in the Data Collection Tool if a report of one or more residents' or carers' experiences, as described above, was presented at the most recent MAC meeting.

Allocate a 'No' response in the Data Collection Tool if no report was presented at the most recent MAC meeting.

5. The RCH's report of the RCH's storage of medicines.

The nature of these report(s) may vary between MAC meetings and between RCHs. The RCH should have an auditing schedule for the RCH's storage of medicines and timing and frequency of audit reports may vary. The report(s) should detail the results of audits over the relevant audit reporting period that monitor the RCH's compliance with the storage of temperature-sensitive medicines and all Schedule Eight (S8) medicines. Examples of audits include checks that all medicines requiring refrigeration are stored in a pharmaceutical-grade refrigerator, reports of temperature excursions, checks of expiry labelling for temperature-sensitive medicines stored outside of the refrigerator e.g. insulin, and checks of the secure storage of S8 medications.

Allocate a 'Yes' response in the Data Collection Tool if:

- the audit report(s) on the RCH's compliance with the storage of temperature-sensitive medicines OR all Schedule Eight (S8) medicines were presented at the MAC meeting, or
- when not presented at the most recent MAC meeting, the reports have previously been presented at a MAC meeting within the auditing quarter as per the RCH's policy.

Allocate a 'No' response in the Data Collection Tool if:

- no audit report(s) on the RCH's compliance with the storage of temperature-sensitive medicines OR all Schedule Eight (S8) medicines were presented within the audit reporting period.

6. The RCH's report of medication incidents.

This report should show a breakdown of the type of medication incidents. Medication incidents may be clinical or procedural and can occur during medication management phases such as administration, prescribing and dispensing. Clinical medication incidents may include medicine omissions and duplications; the use of the wrong strength, formulation, dose/volume/concentration, rate/frequency, route, site, timing, duration; the use of the wrong medicine/fluid; the use of a medicine in the wrong resident; the use of a medicine for a resident with a known and documented clinically significant allergy/adverse drug reaction to that medicine/class of medicines; an extra dose being given; inadequate monitoring (e.g. clinical observations or pathology), drug-drug interactions and administration errors. Procedural medication incidents may occur, for example, when the prescription does not comply with the law or it is an incomplete medication order.^{4,5} Categorisation of medication incidents may vary between RCHs.

Allocate a "Yes" response in the Data Collection Tool if the RCH's medication incidents report was presented at the MAC meeting.

Allocate a 'No' response in the Data Collection Tool if no report of the RCH's medication incidents presented at the MAC meeting.

7. The RCH's report of trends in the percentage (or numbers) of residents with polypharmacy (i.e. prescribed nine or more medicines).

The report should show monitoring of residents with polypharmacy over at least one year. This may be extracted from data reported in the National Aged Care Mandatory Quality Indicator Program (NQIP) polypharmacy results for the RCH.²

Allocate a response of 'Yes' in the Data Collection Tool if:

- the report was presented at the MAC meeting, or
- not presented at the MAC meeting. The MAC meets more frequently than every 3 months and it was presented at a MAC meeting since the most recent quarterly NQIP audit.

Allocate a 'No' response in the Data Collection Tool, if:

- the report was not presented to a MAC meeting since the latest relevant NQIP audit, or
- the report does not show results over the last year.

8. The RCH's report of trends in the percentage (or numbers) of residents who received an antipsychotic medication.

The report should show monitoring of antipsychotic use over at least 1 year. This may be extracted from data reported in the NQIP antipsychotic results for the RCH.²

Allocate a response of 'Yes' in the Data Collection Tool if:

- the report was presented at the MAC meeting, or
- if not presented at the MAC meeting, it was presented at a MAC meeting that has since the latest relevant NQIP audit. (This option can only apply when MAC meetings occur more frequently than once every 3 months).

Allocate a 'No' response in the Data Collection Tool if:

- a report was not presented to a MAC meeting since the latest relevant NQIP audit, or
- the report does not show results over the last year.

9. The RCH's report of trends in the percentage (or numbers) of residents who received comprehensive medication management reviews from appropriately qualified pharmacists.³

This report should show monitoring of the number of comprehensive medication management reviews such as residential medication management reviews (RMMRs) or medication reviews conducted by the aged care onsite pharmacist. The report should show monitoring over at least 1 year and be reported, at a minimum, every quarter.

Allocate a response of 'Yes' in the Data Collection Tool if:

- the report was present at the MAC meeting, or
- if not presented at the MAC meeting, it was presented at a MAC meeting within the last quarter. (This option can only apply when MAC meetings occur more frequently than once every 3 months).

Allocate a 'No' response in the Data Collection Tool, if:

- a report was not presented at the MAC meeting, or
- the report does not show results over the last year.

Recommended data sources

The relevant information should be located in the most recent MAC meeting's documentation:

- minutes
- agenda, and
- associated meeting papers.

Calculation of Indicator

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

This Indicator provides evidence of the activities and processes of the RCH's Medication Advisory Committee (MAC) as recommended by the Guiding Principles.

Indicator	Numerator	Denominator	Target
Calculation of Indicator			
Percentage of recommended medication governance activities undertaken by the RCH	Number of positive or N/A responses to the listed RCH's medication governance and management activities	9 (total number of responses)	High (towards 100%)
Statements regarding the RCH's MAC meeting		Possible Responses	
1. The RCH's MAC met in the last quarter.		Yes/No	
2. The RCH's MAC meeting was multidisciplinary.		Yes/No	
3. When a MAC governs more than one RCH, a representative of this RCH was in attendance.		Yes/No/Not applicable (N/A)	
4. The RCH's report of residents' experiences from RCH residents, their carers, family and/or substitute decision-makers regarding medication-related issues was presented.		Yes/No	
5. The RCH's report(s) of RCH storage of medicines was presented.		Yes/No	
6. The RCH's report of medication incidents was presented.		Yes/No	
7. The RCH's report of trends in the percentage (or numbers) of residents with polypharmacy was presented.		Yes/No	
8. The RCH's report of trends in the percentage (or numbers) of residents who received an antipsychotic medication was presented.		Yes/No	
9. The RCH's report of trends in the percentage (or numbers) of residents who received comprehensive medication management reviews from appropriately qualified pharmacists was presented.		Yes/No	

Indicator Limitations

This indicator does not measure the content and quality of the reports. This indicator does not measure the actions resulting from the MAC review of the reports. This information may be considered for more detailed audits and post-audit interventions.

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 care homes (RCHs) and aged care staff to improve medicine safety.¹

With respect to the role and composition of Medication Advisory Committees (MAC), Guiding Principle 3: Clinical Governance of Medicines recommends that every RCH should have direct access to a MAC¹, a

multidisciplinary committee that “provides overarching governance of medication management within a RCH to ensure the judicious, appropriate, safe and quality use of medicines”.⁶ It is recommended the MAC meets on a quarterly basis and has a key role in monitoring and improving medication management for the RCHs they govern.

The composition of the MAC needs to reflect the size of the organisation (provider and/or facility) and the services provided and represent all stakeholders’ views on medication management. When a RCH is represented at and functions under the MAC governance of a larger organisation or aged care provider, the larger organisation’s MAC needs to receive input from all the individual RCHs within its remit and provide guidance to them to ensure standardisation of policy and guidance, and consistency in decision-making across all individual RCHs.^{1,6} Centralised MACs need to enable individual facility medicines-related issues to be clearly identified, prioritised and addressed at the local level.⁶ Representation from the individual RCH needs to be included in the centralised MAC.⁶

Reports and results of audit activities are to be used by the MAC for trending, benchmarking and reviewing clinical decision-making to optimise therapeutic outcomes for each person receiving care and to identify areas for improvement or intervention and implement additional risk management.⁶ The National Aged Care Mandatory Quality Indicator Program (NQIP)² and other quality indicators need to be identified and monitored according to the identified level of risk and priority for evaluation and/or quality improvement in the RCH’s medication management systems or processes.

Minutes of MAC meetings must be taken, and a copy of the minutes should be distributed to MAC attendees, those with apologies, appropriate staff and relevant external healthcare professionals including general practitioners.⁶ A written record of the minutes must be retained by the RCH and be readily retrievable. All decisions must be clearly documented and include the process and rationale for the decision and any action required. Decisions must be transparent and documentation regarding the final decision, how the decision was reached, discussion of evidence, consultation, voting/consensus mechanisms, and the rationale for all policy decisions or recommendations should be evident.

This indicator is based on the following Guiding Principles:

- Guiding Principle 2: Communicating about medicines,
- Guiding Principle 3: Clinical governance of medication management,
- Guiding Principle 4: Evaluation and quality improvement in medication management,
- Guiding Principle 6: Selection of medicines, and
- Guiding Principle 13: Storage and disposal of medicines.

Further information

This indicator can be used to assist RCHs in meeting the Strengthened Aged Care Quality Standards⁷, in particular:

i) Standard 1: The Individual. Outcome 1.1: Person-centred care.

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; Outcome 2.5: Incident Management; Outcome 2.6b: Complaints and feedback management for individuals.

iii) Standard 3: The Care and Services: Outcome 3.4: Planning and coordination of funded aged care services.

iv) Standard 5: Clinical care. Outcome 5.1: Clinical governance; 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.

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. *National Aged Care Mandatory Quality Indicator Program (QI Program)*. Commonwealth of Australia, Dept of Health and Aged Care; 2022. Accessed July 1, 2024. www.health.gov.au/initiatives-and-programs/national-aged-care-mandatory-quality-indicator-program-qi-program
3. *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>
4. Appendix 2. In: *Medicine safety: aged care*. Pharmaceutical Society of Australia; 2020. Accessed July 1, 2024. <https://www.psa.org.au/wp-content/uploads/2020/02/Medicine-Safety-Aged-Care-WEB-RES1.pdf>
5. *Classification Tool for Health Service Organisations - A medicine incident classification system*. Australian Commission on Safety and Quality in Health Care; 2019. Accessed July 1, 2024. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/classification-prescribing-and-medicine-administration-adverse-events-and-incidents>
6. *User Guide: Role of a Medication Advisory Committee*. Commonwealth of Australia, Dept of Health and Aged Care; 2022. Accessed July 1, 2024. <https://www.health.gov.au/resources/publications/user-guide-role-of-a-medication-advisory-committee?language=en>
7. *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>