

## MEGA-MAC INDICATOR 2: Policies, Procedures and Guidelines

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

### Percentage of recommended and current RCH medicine management policies, procedures and guidelines (PPGs)

#### Purpose

This indicator assesses the availability of up-to-date policies, procedures and guidelines for medicines management in residential care homes (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.<sup>1</sup> See Indicator Background section for more information.

#### The MEGA-MAC Indicator 2 Data Collection Tool

The MEGA-MAC Indicator 2 Excel® Data Collection Tool assists data collection and indicator calculation.

The Data Sheet enables data collection for 8 quarters over 2 years on the 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 results: the number of available and current PPGs and the percentages of the recommended and current medicine management RCH PPGs for each audit period. A graphic display of Indicator 2's results and its components 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 consistent collation and good documentation of RCH PPGs. Good documentation supports quality patient care and is a critical component of optimal medication management. Thus, it is assumed that if there is not explicit documentation within the PPG, no information was provided.**

#### Data collection for local use

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

**Exclusion criteria:** Not applicable.

## Key definitions

Recommended and current RCH medicine management policies, procedures or guidelines (PPGs) for this indicator are assessed in two ways:

- Is the PPG available; and,
- Is the PPG current? This means the PPG has not passed its expiry date or date of next review.

For this indicator, PPGs for the following medication management processes/activities are audited:

**1. The collection and review of feedback from the resident, carers, family and/or substitute decision-makers regarding medicine use.**

This PPG should specifically mention collection and review of feedback regarding medicine use.

**2. The provision of written medicines-related information to the resident, their carers, family and/or substitute decision-makers as part of any clinical consultation.**

This PPG should specifically mention the provision of written medicines-related information. The type of written information outlined in this PPG may vary and may include information about a newly prescribed medicine, information about potential adverse events of a medicine, information about ceasing or tapering a medicine, and information about modifying the dose or formulation of a medicine.

**3. Residents' use of complementary and self-selected non-prescription medicines.**

This PPG should include advice on the selection, use and documentation of BOTH complementary and self-selected non-prescription medicines by the resident. This PPG may also include advice on how to report any suspected adverse events and, guidance on the safe storage and disposal of these medicines.

**4. A list of approved non-prescription nurse-initiated medications.**

This PPG should list the non-prescription medication (including indication and dose) nurses can initiate and the documentation requirements for administration on the medication chart. This PPG may also include details on consent requirements and what to do if the medication needs to become routine or ongoing.

**5. The documentation of medication incidents and management of potential or actual harm arising from the medication incidents.**

This PPG should describe how and where to report medication incidents or near-misses, what information should be documented in the incident report and the role and responsibilities of RCH staff in managing potential or actual harm arising from medication incidents.

**6. Obtaining a best possible medication history (BPMH).**

A best possible medication history (BPMH) is a list of all the medicines that a person is currently taking. This PPG should describe the processes required to obtain and document a BPMH for a RCH resident and the role and responsibilities of health professionals in obtaining a BPMH.

**7. The roles and responsibilities of healthcare professionals regarding the use and review of medication charts.**

This PPG should include what and where medicine information should be documented on medication charts (whether paper-based, electronic or hybrid), how to escalate or resolve instances when information has been omitted or is unclear, and the roles and responsibilities of healthcare professionals regarding the use and review of medication charts.

#### 8. The continuity of medicines supply for all residents.

This PPG should describe the processes for the supply of medicines to ensure continuity of supply. This PPG may cover events requiring continuity of medicines supply such as newly prescribed medicines, changed medicines, medicine shortages, change in dose administration aid, transitions of care, leave arrangements, newly admitted residents and residents experiencing acute illness e.g. unexpected health outbreak or infection.

#### 9. The appropriate storage of all medications requiring refrigeration.

This PPG should describe how to monitor the refrigerator temperature, the process for managing temperature excursions and the audit schedule for assessing the appropriate storage of temperature-sensitive medicines.

#### 10. The appropriate storage of all Schedule Eight (S8) medications.

This PPG should describe where and how S8 medicines are securely stored in the RCH including the secure handling of S8 medicines in dose administration aids and the audit schedule for assessing the appropriate storage of S8 medications according to State and Territory legislation. This PPG may also include guidance on the disposal of used, unused, unwanted and expired S8 medicines according to State and Territory legislation.

#### Availability of the PPG:



Allocate a 'Yes' response in the Data Collection Tool when the PPG is available for use at the RCH and addresses the medication management processes/activities (as listed above).



Allocate a 'No' response in the Data Collection Tool when the RCH's PPG does not address a medication management process/activity (as listed above).

#### Currency of the PPG:



Allocate a 'Yes' response in the Data Collection Tool when the PPG is current i.e. not past its expiry or proposed review date.



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

- there is no review or expiry date on the relevant PPG, or
- the review date or expiry date on the PPG(s) has been passed.



A 'N/A' in the Data Collection Tool if no PPG will be automatically allocated in the data collection tool when a PPG addressing the listed medication management process/activity is unavailable in the RCH.

## Recommended data source

The relevant information should be located in the RCH's collation of policies, procedures or guidelines (PPGs).

## Calculation of Indicator

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

The use of this indicator and the accompanying data collection tool enables calculation of the indicator and assists identification of PPGs for RCH medication management processes recommended by the Guiding Principles.

Indicator	Numerator	Denominator	Target
<b>Calculation of Indicator</b>			
Percentage of recommended and current RCH policies, procedures and guidelines	Number of recommended and current RCH's documents supporting medication management processes/activities.	10 (total number of statements)	<b>High (towards 100%)</b>
<b>Statements regarding recommended and current RCH policies, procedures and/or guidelines (PPGs) addressing the following processes.</b>		<b>Possible Responses</b>	
1. The collection and review of feedback from the resident, carers, family and/or substitute decision-makers regarding medicine use.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/Not applicable (N/A) if no PPG	
2. The provision of written medicines-related information to the resident, their carers, family and/or substitute decision-makers as part of any clinical consultation.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/N/A if no PPG	
3. The residents' use of complementary and self-selected non-prescription medicines.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	
4. A list of approved non-prescription nurse-initiated medications.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	
5. The documentation of medication incidents and management of potential or actual harm arising from the medication incidents.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	
6. Obtaining a best possible medication history (BPMH).		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	
7. The roles and responsibilities of healthcare professionals regarding the use and review of medication charts.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	
8. The continuity of medicines supply for all residents receiving care.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	
9. The appropriate storage of all medications requiring refrigeration.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	
10. The appropriate storage of all Schedule Eight (S8) medications.		<b>Available:</b> Yes/No <b>Current:</b> Yes/No/ N/A if no PPG	

## Indicator Limitations

This indicator does not assess the quality of the PPGs. Quality assessment may be considered for more detailed auditing and during post-audit interventions. The nature of endorsement of PPGs by MACs or other governance committees may be audited if there is a policy regarding endorsement of medication-related documents. However, this is not included in this current indicator.

## 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.<sup>1</sup>

The Guiding Principles recommend RCHs have policies, procedures and guidelines (PPGs) in place to support medicine safety and the quality use of medicines. Guiding Principle 3 lists several recommended medication-related policies, procedures and guidelines for RCHs to consider. These suggested policies, procedures and guidelines are based on the National Medicines Policy, the Guiding Principles and the Strengthened Aged Care Standards (draft).<sup>1-3</sup> The RCH's MAC has a key role in developing, updating and endorsing these RCH medication-related policies, procedures and guidelines.

This indicator is based on recommendations made in Guiding Principles:

- Guiding Principle 1: Person-centred care,
- Guiding Principle 2: Communicating about medicines,
- Guiding Principle 3: Clinical governance of medication management,
- Guiding Principle 5: Information resources,
- Guiding Principle 7: Complementary and self-selected non-prescription medicines,
- Guiding Principle 8: Authorised initiation of medicines by nurses,
- Guiding Principle 9: Documentation of medication management,
- Guiding Principle 10: Medication reconciliation,
- Guiding Principle 12: Continuity of medicine supply including in an emergency, and
- Guiding Principle 13: Storage and disposal of medicines.

## Further information

This indicator can be used to assist RCHs in meeting the draft Strengthened Aged Care Quality Standards<sup>3</sup>, 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 2.1 Partnering with individuals; Outcome 2.2a Quality, safety and inclusion culture to support aged care workers to deliver quality care; 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; Outcome 2.8: Workforce planning.

iii) Standard 3: The Care and Services: Outcome 3.3: Communicating for safety and quality; 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.

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

## References

1. *Guiding Principles for Medication Management in Residential Care homes*. 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 Medicines Policy*. Australian Government, Dept Health and Aged Care; 2022. Accessed July 1, 2024. [National Medicines Policy | Australian Government Department of Health and Aged Care](#)
3. *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>