Quality Review and Action Summary Record

The Quality Review and Action Summary Record is a practical tool used to document how quality data is reviewed, discussed, and used to guide improvement over time. It supports a consistent and intentional process for reviewing quality measures, identifying needed changes, and documenting actions taken.

This tool is designed to help organizations demonstrate how periodic and ongoing quality reviews are carried out in practice, including how findings are addressed and integrated into care delivery. It can also be used to clearly communicate this process to surveyors during audits or reviews.

Important:
Completing this form alone does not ensure compliance with Minnesota quality management requirements.
Compliance depends on whether the organization is actively reviewing quality data, identifying issues, taking meaningful action, and improving care delivery.

When used consistently, this tool can:

- Support organized, consistent documentation of quality reviews
- Help teams track patterns, decisions, and follow-up over time
- Provide a clear, accessible record to demonstrate how quality management processes are implemented in practice

Surveyors may use this documentation as one source to understand how your organization conducts quality reviews and responds to findings. It should reflect real processes and actions, not replace them.

Instructions for Use

Complete this form each time quality measures are reviewed, whether during a routine scheduled review (such as quarterly), a leadership or quality meeting, or a specific issue-based review. Check applicable boxes and provide brief notes to document key findings, decisions made, and follow-up actions. For each quality measure, select the goal status that best reflects current performance and progress toward the established goal. An example is provided on page 2. The blank template (starting on page 3) contains space to track up to five quality measures, but your organization may not use every row (e.g., if you track fewer than five measures).

Goal Status Definitions

- **Goal met:** The established goal has been achieved.
- **Strong improvement:** Substantial progress has been made toward the goal. Results indicate the organization is on track to achieve the goal if progress continues.
- **Moderate improvement:** Meaningful progress has been made toward the goal, but additional efforts are needed before the goal is likely to be achieved.
- **Mild improvement:** Some positive change has occurred, but progress is limited and may not yet indicate a sustained improvement trend.
- **Goal not met:** No improvement has occurred, performance has remained unchanged, or performance has declined.

Documentation and Storage

File completed Quality Review and Action Summary forms in your organization's quality management documentation folder (electronic or paper-based). Documentation must be organized, easy to locate, and available during surveys or investigations. Quality management documentation must be maintained for at least two years.

EXAMPLE

Date of Review	03/31/2026

Type of Review		**Review Frequency**	
X Routine scheduled review	☐ Leadership/management meeting	☐ Monthly	☐ Annually
☐ Quality committee meeting	☐ Post-incident or issue-specific review	**X** Quarterly	☐ As needed

Measure	**Summary of Review and Decision**		**Notes**	**Follow-Up**
30-day Hospital Readmissions	**Goal Status:** ☐ Goal met ☐ Strong Improvement ☐ Moderate Improvement ☐ Mild Improvement ☐ Goal not met	**Action:** X Continue monitoring ☐ Training X Policy change X Improvement project	Rehospitalizations remain above target but show early improvement. Review identified key drivers including delayed post-discharge follow-up, incomplete medication reconciliation, and gaps in communication with primary care providers. Actions implemented: • Standardized post-discharge review within 48 hours • Medication reconciliation process added for all returning residents/clients • Improved coordination with providers for follow-up appointments • Increased monitoring during first 14 days post-discharge	**Person:** Director of nursing **Review Date**: 06/30/2026

Quality Review and Action Summary

Date of Review	

Type of Review		Review Frequency	
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☐ Quality committee meeting	☐ Post-incident or issue-specific review	☐ Quarterly	☐ As needed

Measure	Summary of Review and Decision		Notes	Follow-Up
	Goal Status: ☐ Goal met ☐ Strong Improvement ☐ Moderate Improvement ☐ Mild Improvement ☐ Goal not met	**Action:** ☐ Continue monitoring ☐ Training ☐ Policy change ☐ Improvement project		**Person:** **Review Date:**
	Goal Status: ☐ Goal met ☐ Strong Improvement ☐ Moderate Improvement ☐ Mild Improvement ☐ Goal not met	**Action:** ☐ Continue monitoring ☐ Training ☐ Policy change ☐ Improvement project		**Person:** **Review Date:**

Measure	Summary of Review and Decision		Notes	Follow-Up
	Goal Status: ☐ Goal met ☐ Strong Improvement ☐ Moderate Improvement ☐ Mild Improvement ☐ Goal not met	**Action:** ☐ Continue monitoring ☐ Training ☐ Policy change ☐ Improvement project		**Person:** **Review Date:**
	Goal Status: ☐ Goal met ☐ Strong Improvement ☐ Moderate Improvement ☐ Mild Improvement ☐ Goal not met	**Action:** ☐ Continue monitoring ☐ Training ☐ Policy change ☐ Improvement project		**Person:** **Review Date:**
	Goal Status: ☐ Goal met ☐ Strong Improvement ☐ Moderate Improvement ☐ Mild Improvement ☐ Goal not met	**Action:** ☐ Continue monitoring ☐ Training ☐ Policy change ☐ Improvement project		**Person:** **Review Date:**

This material was prepared by Stratis Health under contract with the Minnesota Department of Health (MDH). Use of this tool is not mandated by MDH, nor does its completion ensure regulatory compliance.