Office of Administrative Review (OAR)
Quality Call Bulletin
April 2022

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DECISION REVIEW OPERATIONS CENTER (DROC) DC VIRTUAL IN-PROCESS REVIEW VISIT (VIPR-V) AFTER-ACTION REPORT

Target Audience: DROC Management, Quality Review Teams (QRT), Decision Review Officers (DRO), Rating Veterans Service Representatives (RVSR), and Veterans Service Representatives (VSR)

Presenter: JaVon Lázaro, Senior Management and Program Analyst, OAR Program Administration (PA)

Purpose
OAR conducted a VIPR-V on work performed by DROC DC employees during the week of February 21, 2022, through February 24, 2022. The purpose of the VIPR-V was for OAR to review cases through conducting in-process reviews (IPR) for accuracy. If an OAR reviewer identified errors, the reviewer provided on-the-spot mentoring to the DROC DC employees. These IPRs allowed employees to take immediate and corrective action on any identified deficiencies and provide better decisions to Veterans and their beneficiaries. The IPRs are non-punitive systematic reviews conducted at strategic touch points in the claims process. The OAR reviewers provided immediate feedback to employees, monitored cited deficiencies for trends, conducted training and mentoring, and ensured DROC DC employees initiated and/or completed corrective actions.

IPRs were conducted on claims in one of the following claim cycles:

- Ready for Decision (RFD)
- Rating Decision Complete (RDC)
- Pending Authorization

In preparation for the VIPR-V, OAR reviewed DROC DC local errors for Fiscal Year 2022 (FY22). OAR populated the data from the Quality Management System (QMS) and used the data as a reference point of comparison to the final IPR results.

- As of January 31, 2022, OAR identified 233 local errors cited by DROC DC Rating Quality Review Specialists (RQRS) on DROs fiscal year to date (FYTD).
- As of January 31, 2022, OAR identified 186 local errors cited by DROC DC RQRSs on RVSRs FYTD.
- As of January 31, 2022, OAR identified 136 local errors cited by DROC DC Authorization Quality Review Specialists (AQRS) on VSRs FYTD.

OAR analysts completed a review of 15 RFD transactions. Three reviews contained errors, but OAR identified no error trends. The accuracy rate for RFD transactions was 80%. OAR identified the following errors:

- **Task 3 – Were all pertinent Federal records (other than STRs) obtained/requested or determined to be of record?**
  - Board of Veterans' Appeals (Board) remanded IU and requested employment records. Sufficient attempts have been made to obtain these records. However, no response has been received. Please complete the final notification letter since the Veteran worked for a federal agency. M21-1 III.ii.1.A.1.b, *Standard Procedure for Requesting Records From a Federal Entity*. M21-1 VIII.iv.3.B.3.c, *Requesting Employment Information From Employers*.
  - Board decision 1/13/2022 directed development to obtain federal records and that has not been completed. The file is not ready for decision. M21-5 7.G.3.e, *Processing the Remand*.
- **Task 5 – Were all necessary examinations/medical opinions requested and correct?**
  - Clarification for the exam completed on 2/9/2022 was requested on 2/17/2022. The exam contractor responded on 2/21/2022 requesting the request be canceled and a new referral be submitted. The file was made ready for decision without the exam clarification being requested and received. M21-5 7.G.3.e, *Processing the Remand*. M21-1 IV.i.2.A.7.a-b.

OAR received 30 claims in the RDC cycle and deselected 1 due to the employee being under second signature review. Five reviews contained errors. OAR identified Task 4 for insufficient VA exams or medical opinions and Task 9 for incorrect documentation as error trends. The accuracy rate for RDC transactions was 83.33%. OAR identified the following errors:

- **Task 4 – Does the record show Veterans Claims Assistance Act (VCAA) compliant development to obtain all indicated evidence (including a VA exam, if required) prior to deciding the claim?**

- B2h – DROC issued SSOC dated 2/22/22 prior to complying with Board Remand dated 7/03/21, specifically to obtain Tricare treatment records from 1997 (38 C.F.R. §3.159(c)(1) & (2); §19.38; M21-1 III.ii.1.A.1.a). DOMA notified VBA that they were rejecting the request to obtain these records because the provider is non-private. Review of VBMS shows no subsequent attempt to obtain these records or a notification to the appellant or their representative of the inability to obtain these records. Follow the Board's detailed development instructions when developing evidence for a remand by ensuring all requested actions have been accomplished in compliance with the remand. If any action is not undertaken, or is taken in a deficient manner, appropriate corrective action is required (M21-5 7.G.3.e & g; 7.G.4.a)
- B2gg – DROC issued SSOC dated 02/18/22 prior to returning an insufficient medical opinion dated 02/15/22 (M21-5 7.G.3.e & g; M21-5 7.G.4.a). Board Remand dated 09/02/21 directed VBA to obtain an opinion to determine whether it is at least as likely as not (50 percent probability or greater) that any current disability of the nose had its onset during service or is otherwise related to an in-service injury, event, or disease, to include as due to the high explosive round of mortar that landed inside a gun trail that sent a piece of shrapnel to his nose leaving a scar. In offering the opinion, the examiner is asked to consider the April 2015 buddy statement by C.F. who reported seeing chunks of debris from the mortar fire on the Veteran's nose. The examiner should elicit a full history from the Veteran and consider the lay statements of record. The Veteran is competent to attest to factual matters of which he has first-hand knowledge, and if there is a medical basis to support or doubt the history provided by the Veteran, the examiner should provide a fully reasoned explanation. The examiner provided a diagnosis of scar on the bridge of the nose and noted that the condition claimed was at least as likely as not (50% or greater probability) incurred in or caused by the claimed in-service injury, event or illness. However, the examiner failed to provide sufficient rationale noting only that the Veteran "was injured in service related to shrapnel and more than likely that his scar is related to this injury". The examiner failed to provide discussion of the ordered consideration of the April 2015 buddy statement. The examiner failed to provide the ordered elicited full history from the Veteran and the examiner's consideration of the lay statements of record. The examiner failed to provide a fully reasoned explanation if there is a medical basis to support or doubt the history provided by the Veteran. A medical opinion not properly supported by a valid rationale is an example of a deficiency that would render an examination report insufficient (M21-1 IV.i.3.C.1.a). Follow the Board's detailed development instructions when developing evidence for a remand by ensuring all requested actions have been accomplished in compliance with the remand. If any action is taken in a deficient manner, appropriate corrective action is required.

- **Task 7 – Are all effective dates affecting payment correct?**
  - D1y – Rating decision dated 02/11/22 incorrectly assigned an effective date of 08/14/17 for the grant of SC for sleep apnea. An ITF for compensation was received on 07/11/17 and a subsequent VA Form 21-526 was received for the claim of sleep apnea and other conditions on 08/14/17, therefore, entitlement to an earlier effective date is warranted. M21-1,V.ii.4.A.1.d; 38 CFR 3.155, 3.400, 3.2500
  - D1q;D1j – Rating decision dated 02/19/22 incorrectly provided an effective date of 03/16/11 for the grant of SC for GERD. (3.400) An initial claim for this condition was not received until 02/22/13. Additionally, the evaluation for this condition was incorrectly reduced based on an examination of the Stomach and Duodenal Conditions (Not including GERD or esophageal disorders) DBQ dated 01/13/17. The examination is not sufficient for rating purposes and the decision provides no discussion of evidence of improvement. (M21-1,X.ii.4.A.1.b).
- **Task 9 – Was Decision Documentation correct?**
  - E4a – Rating decision dated 2/18/22 did not list all evidence considered in the issue of a grant of an earlier effective date for the grant of service connection for PTSD (38 C.F.R. §3.103(f)(2); M21-1 V.iv.1.A.4.a; V.iv.1.A.5.a; V.iv.1.A.7.a & b). The rating discussed the basis for the 50 percent evaluation assigned for PTSD, but the evidence section did not list the documents supporting this evaluation. The long-form rating narrative should discuss evidence that is relevant and necessary to the determination and address all pertinent evidence. The evidence section is a listing of each piece of evidence considered in arriving at the decision.

OAR analysts completed a review of 15 Pending Authorization Award transactions. 0 reviews contained errors. The accuracy rate for Pending Award transactions was 100%.

Overall accuracy for all reviews was 86.77%.

Error trends were identified in the RDC and pending authorization cycles.

- RDC
  - Insufficient VA examination/medical opinion
- Authorization
  - Decision documentation incorrect

Recommendations
When conducting their local quality reviews, the DROC RQRSs should focus on Checklist question #4 - Were all necessary examinations and medical opinions requested and sufficient?

The DROC RQRSs should focus on the following error descriptors contained under

Checklist question #4 when conducting their local quality reviews:

- The VA medical opinion was insufficient (opinion was requested but not provided).
- The supporting rationale for a required VA medical opinion was incomplete or not supported by the evidence.

EVALUATING THE EVIDENTIARY VALUE OF LAY STATEMENTS WHEN DETERMINING SERVICE CONNECTION

Target Audience: DROC Management, QRT, and RVSRs

Presenter: James Fogg, Program Analyst, OAR PA

References:

- 38 C.F.R. §3.159(a)(1), *Definitions - Competent Medical Evidence*
- 38 C.F.R. §3.159(a)(2), *Definitions - Competent Lay Evidence*
- 38 C.F.R. §3.159(c)(4), *Providing Medical Examinations or Obtaining Medical Opinions*
- 38 C.F.R. §3.303*, Principles Relating to Service Connection*
- 38 C.F.R. §3.304, *Direct Service Connection; wartime and peacetime*
- M21-1 IV.i.1.A.1.b, *Regulatory Standard for Finding an Examination or Medical Opinion Necessary*
- M21-1 IV.i.1.B, *Evidentiary Standards for Finding an Examination or Opinion Necessary*
- M21-1 V.ii.2.A, *Direct Service Connection (SC) and Service Incurrence of an Injury*

The general requirements for direct service connection are provided in 38 C.F.R. §3.303(a), *Principles relating to service connection – General*, which states, in part: Service connection connotes many factors, but basically it means that the facts, shown by evidence, establish that a particular injury or disease resulting in disability was incurred coincident with service in the Armed Forces. Each disabling condition for which the Veteran seeks a service connection must be considered on the basis of the places, types and circumstances of their service as shown by service records, the official history of each organization in which they served, their medical record and all pertinent medical and lay evidence.

38 C.F.R. §3.303(d), *Principles relating to service connection – Post-service initial diagnosis of disease* further states:

> Service connection may be granted for any disease diagnosed after discharge, when all the evidence, including that pertinent to service, establishes that the disease was incurred in service.

The specific requirements to establish direct service connection are provided M21-1 V.ii.2.A.1.a, *Overview of Direct SC*, which states, in part:

> There are three components to proving direct SC. These are:
> - a current disability,
> - an event, injury, or disease in service, and
> - a link or nexus establishing that the current disability had its onset or inception in service, which may be established by evidence of
> - chronicity and continuity, or
> - continuous symptoms or a medical nexus opinion

38 C.F.R. §3.159(a)(1), *Definitions – Competent medical evidence* states:

> Competent medical evidence means evidence provided by a person who is qualified through education, training, or experience to offer medical diagnoses, statements, or opinions. Competent medical evidence may also mean statements conveying sound medical principles found in medical treatises. It would also include statements contained in authoritative writings such as medical and scientific articles and research reports or analyses.

38 C.F.R. §3.159(a)(2), *Definitions – Competent lay evidence* states:

> Competent lay evidence means any evidence not required that the proponents have specialized education, training, or experience. Lay evidence is competent if it is provided by a person who has knowledge of facts or circumstances and conveys matters that can be observed and described by a lay person.

A medical opinion or examination is necessary when there is not sufficient medical evidence of record to make a decision on the claim, and,

- there is competent lay or medical evidence of a current diagnosed disability or persistent or recurrent symptoms of disability
- the evidence establishes that the Veteran
  - suffered an event, injury, or disease in service, or
  - has a disease or symptoms of a disease listed in 38 CFR 3.309, 38 CFR 3.313, 38 CFR 3.316, 38 CFR 3.317, or 38 CFR 3.318 manifesting during an applicable presumptive period, and
- the evidence indicates that the claimed disability or symptoms may be associated with the associated event, injury, or disease in service or with another service-connect disability.

Important: An examination and/or opinion is **not** warranted until **all three** elements described above are present in the evidence. (M21-1 IV.i.1.A.1.b)

Lay evidence may establish a current diagnosed disability or persistent or recurrent symptoms of a disability so long as the person providing this lay evidence has knowledge of facts or circumstances and they are discussing matters that can be

observed and described by a lay person.

Additionally, lay evidence may establish an event, injury or disease in service. Whether there was an event, injury or disease in service relevant to the claimed disability is a factual determination. Making this determination requires evaluating factors including the competency of a witness. This element may also be met with lay evidence when:

- a Veteran provides credible lay statement(s) that his/her disability occurred from an in-service event, injury or disease, and
- the statement is consistent with the places, types and circumstances of his/her military service
- Note that VA can't determine that lay evidence lacks credibility merely because it is unaccompanied by contemporaneous medical evidence.

However, in general, lay evidence, by itself, does not support a grant of service connection. Competent lay evidence may trigger VA's duty to assist the Veteran/claimant in supporting the claim by providing a medical examination or opinion, but the lay evidence, by itself, generally doesn't support a grant of service connection.

Direct SC may be established under 38 CFR §3.303(a) when:

- the evidence or a medical opinion shows a nexus between a current disability and an injury, disease, or event in service, or
- competent medical evidence demonstrates continuous symptoms that are sufficient to constitute a nexus between a current disability and an injury, disease, or event in service.
- NOTE: continuous symptoms are demonstrated when the medical evidence shows symptoms continuing without stopping, or recurring regularly, with minimal interruptions, from service.

Lay evidence, generally, may not establish a nexus between a current disability and an event, injury or disease in service as a nexus generally requires specialized education, training or experience. The decision maker should consider the lay evidence, as they should consider and weigh all evidence relevant to the claim. And it is noted that 38 C.F.R. §3.304(d) states:

> Satisfactory lay or other evidence that an injury or disease was incurred or aggravated in combat will be accepted as sufficient proof of service connection if the evidence is consistent with the circumstances, conditions or hardships of such service even though there is no official record of such incurrence or aggravation.

Application of 38 C.F.R. §3.304(d) requires that the Veteran did engage in combat. The decision maker may accept lay evidence that an injury or disease was incurred in or aggravated in combat if the evidence is consistent with the circumstances, conditions, or hardships of such service even though there is no official record of such incurrence or aggravation. However, even when an event or injury in service is established under the

cited combat provisions, for SC to be established, there must still be evidence of a current disability and a nexus between the current disability and the combat event or injury in service (M21-1 V.ii.2.A.3.d).

Additionally, it is noted that the Board has granted service connection for certain conditions, such as tinnitus or migraine headaches, based, it appears, upon lay evidence asserting these conditions began in service, continued since service and currently exist. Please remember the Board is required to follow law, regulations and judicial interpretation of each, and their decisions are not precedential. However, VBA is also required to follow policy, to include that stated in M21-1, *Adjudication Procedures Manual* and M21-5, *Appeals and Reviews*, which generally does not support a grant of service connection based solely upon lay evidence.

In summary, while credible lay evidence may generally trigger VA's duty to develop for a medical opinion, it generally does not, by itself, support a grant of service connection.

GOOD CAUSE REQUESTS UNDER POLICY LETTER (PL) 20-02

Target Audience: DROC Management, QRT, RVSRs, VSRs, and Claims Assistants (CA)

Presenter: Christina Ngom, Management and Program Analyst, OAR PA

References:

- 38 CFR §3.109(b), *Time Limit: Extension of time limit*
- 38 CFR §19.53, *Extension of time for filing Substantive Appeal and response to Supplemental Statement of Case*
- PL 20-02, *Update Novel Coronavirus (COVID019) Claims and Appeals Processing Guidance,* dated August 27, 2020

On March 11, 2020, the World Health Organization upgraded the status of the COVID-19 outbreak from epidemic to pandemic. On March 13, 2020, the President declared that the COVID-19 outbreak constituted a national emergency, beginning March 1, 2020. While United States Postal Service (USPS) operations have continued, in some cases, COVID-19-mandated health precautions may impact the ability of claimants to timely file forms, or to perform travel that may be required as part of the VA claims/appeals process. In addition, COVID-19 is impacting VA's ability to receive mail.
Under 38 C.F.R. 3.109(b) and 19.53, VA has the authority to grant time limit extension requests, provided good cause is shown for the delay. VA may also postpone final action on a claim if good cause can be shown for a claimant's failure to take a required action, such as not reporting for a C&P examination or a prescheduled hearing.

Examples of Requests for Time Limit Extensions:

- Extension of time limit includes:

  - the filing of a claim that would perfect a previous expired communication of intent to file
  - the filing of a response to a proposed adverse action
  - the submission of requested evidence, or
  - attendance at a hearing or C&P examination,
- VBA must receive extensions for time limits in writing, especially for legacy appeals. As there is no specific form requirement for requesting good cause extensions of time limits, VBA will accept COVID-19 pandemic-related extension requests on any form or written documentation.
- Claimants who have already filed a claim and who request to reschedule hearings or C&P examinations based on section 3.655 may continue to submit requests in writing or over the telephone. Telephone communication must be properly documented on VA Form 27-0820. The examination or hearing should be rescheduled or, if rescheduling is not a possibility, a note should be placed in the record stating no final action should be taken until a hearing or exam is completed

On February 18, 2022, the President continued the national emergency for the COVID-19 pandemic beyond March 1, 2022. Once the President ends the national emergency, good cause extensions will still be accepted 60 days following the date the President ends the national emergency.

In the example with a notification letter dated March 15, 2019, the claimant has one year to submit a decision review request which would expire March 15, 2020. The Veteran/claimant submits a higher-level review (HLR) request on January 10, 2022, with a good cause extension request due to COVID-19.

PL 20-02 allows for the acceptance of the filing of the HLR. However, note that the PL 20-02 provisions do not apply for effective date purposes.

For the purpose of determining the date of entitlement, any correspondence addressed to VA during the designated period of this policy letter's applicability will be considered received on the date of the postmark affixed by USPS (or other mail delivery service).

In the event there is no postmark or date stamp, VA will adhere to the policies expressed in the table shown to construe the date of receipt of all correspondence received from domestic zip and foreign mail codes.

If the correspondence has no postmark date and bears a VA date stamp or Claims Intake Center COVID-19 watermark dated ...	Then consider the correspondence to have been received as of ...
on or after March 1, 2020, but before August 27, 2020	February 29, 2020
on or after August 27, 2020, but before the 60th day following the end of the national state of emergency	10 calendar days prior to the date of the date stamp or watermark

IMPACT OF GOVERNMENT PUBLISHING OFFICE (GPO) PRINTING DELAYS ON HIGHER-LEVEL REVIEWS (HLR)

Target Audience: DROC Management, QRTs, RVSRs, VSRs, and CAs

Presenter: Christina Ngom, Management and Program Analyst, OAR PA

References:

- 38 CFR §3.109(b), *Time limit: Extension of time limit*
- 38 CFR §3.110, *Computation of time limit*
- M21-1 X.ii.3.A.3.e, *Sending Corrected Notice of Proposed Adverse Action*
- VBA Letter 20-22-01, *Guidance for Addressing Evidence and Notification Mail Delays Impacting Correspondence for Multiple VBA Benefit Programs*

Guidance

VBA Letter 20-22-01 provides policy guidance for addressing all notification and evidence delays due to the Government Publishing Office (GPO) printing delays beginning July 13, 2021, and ending December 31, 2021, impacting correspondence for multiple VBA benefit programs. This letter directs all employees within the affected VBA benefit programs to extend any timeframe associated with impacted correspondence generated beginning July 13, 2021, and ending December 31, 2021.

Unless otherwise noted in the letter, for all instances where an adverse action for a benefit recipient or claimant may result from the GPO mail delay, VBA employees may not take an adverse action to deny, reduce or terminate benefits unless:

- the response period was extended by at least 90 days,
- there is a documented waiver of their right to respond, or
- the requested information was received.

GPO Printing Delay Example

The following example illustrates how to address issues during a HLR that are impacted by the printing delay:

- July 20, 2021: A due process letter is sent, affording the claimant 60 days to reply.
- September 20, 2021: The 60-day due process period ends September 18, 2021, but is adjusted to September 20, 2021, to account for the weekend. Claim is reviewed, but no reply is received. A 30-day extension is afforded, a corresponding note is added in VBMS.
- October 20, 2021: The first 30-day extension ends. The claim is reviewed, but no reply is received; VA did not properly afford the second 30-day extension.
  - VA completed final adverse action based on no reply received.
- December 1, 2021: Higher-level review received. The Decision Review Officer (DRO) reviewing the case determined that VA did not afford the second 30-day extension, and therefore, must return the case as a duty to assist (DTA) error to provide corrected notice and restart the due process period, per M21-1 X.ii.3.A.3.e.

In this example, the DRO should return the case as a DTA error to reissue due processing with a new due process period.

NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) NEHMER SPECIAL-FOCUSED REVIEW (SFR) RESULTS

Target Audience: DROC Management and QRTs

Presenter: Angela Woods, Management and Program Analyst, OAR PA

Background and Purpose
On January 1, 2021, Congress enacted PL 116-283, William M. Thornberry National Defense Authorization Act for Fiscal Year 2021 (NDAA). The new law amended 38 U.S.C. §1116(a)(2) by adding three new conditions to the list of those presumptively associated with exposure to herbicide agents: bladder cancer, hypothyroidism, and Parkinsonism.

OAR conducted a SFR on 688 EP NDAA-Nehmer work performed by the DROCs between August 2021 through October 2021. The purpose of the SFR was to identify national error trends related to claim processing guidance provided in VBA Letter 20-21-07, *Processing Guidance for Claims and Appeals for New Agent Orange Presumptive Conditions* and the *Nehmer* Readjudications Standard Operating Procedure (SOP). If OAR analysts identified errors the DROCs were notified within the Quality Management System (QMS).

SFR Findings Key Takeaways
OAR's Compliance staff conducted a review of 66 NDAA-Nehmer cases worked by the DROCs. OAR identified 34 unique claims containing errors, which accounted for 51% of the cases reviewed. Of the 34 unique cases, OAR identified 60 NDAA-Nehmer SFR

errors for a 48.4% accuracy rate. The most frequently occurring error was for failure to upload an appropriate Subject Matter Expert (SME) checklist for Nehmer readjudications in accordance with the *Nehmer* Readjudication SOP. Compliance cited this error 34 times, which accounted for 56% of the errors cited during the review.

Breakdown of Errors Cited

NDAA-Nehmer SFRs	
Error Category	**Total Errors**
Question 23: Were SME checklists completed?	34
Question 15: Were comments correct (EP not under review)?	5
Question 17: Was the appropriate special issue used for all contentions related to herbicide exposure?	5
Question 16: Were Rating Comments correct (EP under review)?	3
Question 6: Was the percentage evaluation assigned correct (including combined evaluation)?	3
Question 1: Were all claimed issues addressed and decided?	3
Question 7: Are all effective dates affecting payment correct?	2
Question 5: Was the grant or denial of all issues correct?	2
Question 10: Was notification correct? (Notification)	1
Question 22: Is use of Nehmer Memorandum for the Record proper?	1
Question 13: Were Examination & Medical Opinion Requests correct?	1
TOTAL	**60**

SME Checklist Reminder

As a result of the NDAA-Nehmer SFR findings, OAR would like to emphasize the importance of uploading all appropriate SME checklists to the eFolder when reviewing this type of casework, in accordance with the *Nehmer* Readjudication SOP and Public Law (PL) 116-283.

UPDATES TO THE IN-PROCESS REVIEW (IPR) PROCESS

Target Audience: DROC Management and QRTs

Presenter: Stacy Armstrong, Senior Management and Program Analyst, OAR PA

References:

- M21-5 3.A.7.a, *Purpose of IPRs*
- M21-5 3.A.7.b, *Review Criteria for IPRs*
- M21-5 3.A.7.d, *Recording Method for IPRs*
- M21-5 3.A.7.f, *Rebuttal Process for Disagreements on IPRs*

On March 18, 2022, OAR published several changes to the section of M21-5, specific to IPRs.

The purpose of an IPR is to provide timely feedback to employees before the reviewed claim is finalized. Additionally, reviewers should make every effort to complete the IPR

prior to the claim moving to the next claim cycle. Reviewers should provide immediate mentoring and feedback in order for employees to take prompt corrective action, if necessary, to correct deficiencies.

DROCs should conduct local error trend analysis, complete IPR checklists based on the results of the analysis and finally complete targeted IPRs. It is important to note that while DROCs should conduct IPRs when an error trend is identified, there is not a monthly requirement of IPRs to complete.

DROCs must track IPRs locally by maintaining a log of all completed IPRs. At a minimum, the log should include the following information: the name of the employee under review, the date of the initial IPR review, if an error or errors were identified, those should be noted on the log along with the appropriate corrective action to take. Finally, if corrective action was required, the log should annotate when the corrective action was completed.

Finally, a change was added to specify that IPRs are non-punitive. As I mentioned earlier, the intent of an IPR is to resolve deficiencies in a timely manner and to provide a learning opportunity for employees. Due to the non-punitive nature of IPRs, there is no formal rebuttal process to challenge cited IPRs.