



*A newsletter for employees of  
the Portland VA Medical Center*

# In the News

Summer 2007



## **A Message from the Director**

**James Tuchs Schmidt, M.D., M.M.  
PVAMC Director**

Safety is the first rung on our ladder of success. As we discussed last time, there are four rungs on the ladder that will help us achieve our vision (Figure 1). They are safety, excellence, the experience, and efficiency. These, like the steps on any ladder, are intentionally hierarchical. Safety is the first step and efficiency is the last. If you have to choose between these, I always want efficiency to give way to the experience, the experience should

*continued on page 2*

## **PVAMC's Newest CBOC Serves East Metro Veterans**

The Portland VA Medical Center's new East Portland VA Clinic opened May 15, offering convenient and comprehensive primary care to our patients living in the East Metro area. Located in approximately 7,000 square feet of leased space at N.E. Glisan St. and 105th Avenue, former site of the Oregon Clinic, this newest of PVAMC's Community Based Outpatient Clinics offers primary care, mental health and social work services.

"We are really excited about opening the East Portland VA Clinic," said PVAMC Director James Tuchs Schmidt, M.D., M.M. "Although this is temporary space while we search for a much larger building, it will allow us to relocate a portion of our primary care services from our very congested main facility on the hill to a location that is much more convenient for many of our veterans." The new clinic does not expand Portland's capacity to see new patients, Dr. Tuchs Schmidt emphasized, "but it definitely will relocate some services closer to those who use them."

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**Director's Message cont.**

**Figure I**



***Climbing the ladder of success!***

give way to excellent care or quality, and safety is always our first priority. If the first step on the ladder is shaky, the whole ladder is weak!

When I speak of safety, I am referring to patient safety as well as ensuring that we have a safe environment for our employees and visitors. VA was one of the first health care systems to make a firm commitment to improving patient safety. Furthermore, the Joint Commission considers safety a priority area and has identified a number of Patient Safety Goals for 2007 (Table 1). While I think we should focus on specific measurable outcomes, we really need to ensure that attentiveness to safety is inherent to our organizational culture.

A culture of safety comes about when an organization fosters a

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**Table I. Joint Commission Patient Safety Goals**

- Improve the accuracy of patient identification by using two forms of identification
- Improve the effectiveness of communication among caregivers
- Improve medication safety by reducing medication administration errors
- Reduce hospital-acquired infections
- Improve medication reconciliation
- Reduce the risk of falls
- Encourage the active participation of patients in their care
- Prevent pressure ulcers
- Reduce the risk of surgical fires

## East Metro cont.

The new clinic has eight full-time health care providers, offers plenty of parking and is within walking distance of MAX and a TriMet bus stop. James Santoro, M.D., M.P.H., is Group Practice Manager, and Carol Donovan, R.N., is Operations Manager.

In addition to opening the new East Metro facility, PVAMC also is evaluating options for locating a 20,000 square foot clinic on the west side, probably in the Beaverton or Hillsboro area. Other Portland CBOCs include those in Salem, Bend and Camp Rilea near Astoria.

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## Atherton Honored as Clinical Nurse Specialist of the Year

Sherri Atherton, M.S., R.N., C.N.S., C.I.C., has been named 2007 Clinical Nurse Specialist of the Year by the National Association of Clinical Nurse Specialists (NACNS). Atherton was nominated by PVAMC colleagues for her outstanding commitment to the profession of nursing and her extensive accomplishments that address the three aspects of the CNS role: working with patients and their families, the health care team and within the organization to solve system issues. She is the second PVAMC CNS to win this award. Ann Busch, Liver Transplant CNS, received it in 2002.



Sherri Atherton

Atherton, who has been at PVAMC for 22 years, is an Infection Control CNS and has been certified in her role since 1998. She has implemented many evidenced-based interventions to decrease health care-associated infections, including serving as a key contributor in the CNS Evidence-Based Fact Sheets initiative she co-presented at the NACNS national conference in 2007. She is described as a “nurse’s nurse” by colleagues and has mentored many staff nurses in quality-improvement initiatives. She was a driving force for PVAMC’s achievement of Magnet status in 2006. Among her many contributions to local and national nursing organizations, she is a sought after speaker on infection-control topics and has served the past two years as Chair of the Oregon Council of Clinical Nurse Specialists. Congratulations Sherri!

## Director’s Message cont.

blame-free environment, ensures open communication, designs the physical environment to minimize errors, and engages employees to be proactive and accountable. VA established the National Center for Patient Safety in an effort toward achieving these goals. The center collects information about medical errors and *near misses*, analyzes the data to understand trends, and then works to correct system issues that lead to those errors. Staff can report errors and *near misses* confidentially without fear of punishment.

The National Center, for example, noted that sodium chloride and potassium chloride vials were very similar, but one was deadly while the other harmless. So, they developed policies to remove potassium chloride from patient care areas and worked with manufacturers to alter packaging to make the vials more distinguishable. They have identified defective bed designs, risky equipment, and made recommendations to improve processes all across the system. But every one of us must contribute to that effort and work to identify potential risks in our own work areas. Only when we take personal responsibility will we make a difference.

In an effort to improve communication, we began Executive Patient Safety Rounds several years ago. Senior executives and patient safety committee members visit different areas of the medical center on a quarterly basis, to talk

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## Director's Message cont.

with staff about their safety concerns. The information collected during these visits is entered into a database so that we can track system issues and trends. We work to correct identified issues.

We can design our processes and procedures to minimize errors. One example of this is the *time out* we take when doing surgical procedures. It is designed to ensure that the operative team has identified the right patient, the right surgical site, and prepared for the correct procedure. No matter how vigilant we are, though, humans will always make mistakes - the old saying tells us *to err is human*. So, we can use technology to limit the risk by removing human fallibility. BCMA (Bar Code Medical Administration) has virtually eliminated medication errors, the number one error in most inpatient settings, where it has been implemented. Because all orders are electronically entered into CPRS, we can have the computer read a bar code on the medication and on the patient's wristband. The computer then verifies that this is the right medication for the patient, that the drug will not interact with any other drugs the patient is taking, and that the patient is not allergic. This process would be an onerous task for nursing to do every time a pill was dispensed.

The Portland VA Medical Center has a long history of innovative approaches to challenges. That history continues as we labor to

improve the medication reconciliation process. Patients often leave the hospital on different medications than those they were taking as outpatients prior to admission. Reconciling these to ensure that patients are receiving only those medications actually required is a major patient safety concern. Members of the Patient Safety Committee, in collaboration with TIMS and PCECS, have developed CPRS tools to help providers and pharmacists accomplish this work with less effort and more precision.

Since its release, the Portland solution has received both VISN 20 and nationwide recognition for its innovative approach. Now, the group is developing effective tools to help clinicians reconcile medication lists for patients visiting our outpatient clinics. An Automated Patient History Intake Device (APHID), a computerized kiosk, will allow patients to review their medications while simultaneously checking in for their clinic appointments. By capitalizing upon the VA's superior health record information system, we can enable patients to become more actively involved in their care and provide mechanisms so that they can better communicate with their providers.

We are also developing new approaches that are *low tech*. Because many health care staff work extended tours, fatigue is commonplace, causing impaired alertness and performance that can affect safety of patients

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## MINI Fans Show Off Their Rides



On March 25, PDX MINI members held a car show for veterans at PVAMC's Vancouver Division. Each of the lovingly tended MINI Coopers bore a United States flag on its antenna for the event. In addition to the visit and car show, PDX MINI presented PVAMC with a check for \$700 in donations raised by members.

## Director's Message cont.

(increased error rates) as well as providers (increased needle sticks, increased rates of motor vehicle accidents). The VA Strategic Nap Program directly addresses the fatigue that is common in many of our work settings. This program has been successfully piloted at the VA Palo Alto Health Care System's Patient Safety Center of Inquiry and is ready for implementation at a second VA site. We are currently implementing the Nap program in two clinical areas, the Intensive Care Unit and the Operating Room. The program is designed to teach staff about the effectiveness of a nap as an alertness strategy and encourage individuals to use this strategy when appropriate during their break.

According to the Institute of Medicine, almost 98,000 patients die each year from preventable medical errors. What would you say if I told you that a patient coming to us for an outpatient visit or hospitalization had a 0.01% chance of seriously being injured or killed by mistake? Most would probably say 0.01% is pretty low. Well, we have about 10,000 outpatient visits a week. If this risk were real, one veteran per week coming for outpatient care would be seriously harmed, and these mistakes would result in the death of twenty-two hospitalized patients every year. Of course, none of us would consider this acceptable. All the quality performance and compassionate care would be meaningless under these circumstances. This is why safety is the first rung on our ladder.

## Congratulations to Employee and Team of the Year!

At a recent Town Hall, awards were presented to the 2006 Employee of the Year, Jennifer Jordan of Pharmacy Service, and the 2006 Team of the Year, the Government Printing Office Training Team. Team members include (left to right) Charles Cain, Anne Francis, Rene Stell and Geri Summers. David Stockwell, Deputy Director for Administration and Finance, presented the awards honoring the exceptional contributions of these PVAMC staff.



# NEWS BRIEFS



## PVAMC Wins VA Environmental Excellence Award

Programs for energy conservation, recycling, reduction of paper use, ivy removal, and “green construction,” such as that used in the Transplant Lodging Unit in Vancouver, are among innovations that have won PVAMC a 2007 VA Environmental Excellence Award in the category of Environmental Management Systems. The Medical Center’s GEMS (Green Environmental Management Systems) program began in 2004. It includes a Web site ([vaww.portland.med.va.gov/departments/cne/fmsd/gems](http://vaww.portland.med.va.gov/departments/cne/fmsd/gems)) and newsletter that help educate staff on “green” issues and ways to use energy wisely and protect the environment. The program’s successes in energy conservation at PVAMC also earned Portland a 2006 Energy Star Award, a federal honor recognizing facilities that achieve 85 percent energy efficiency. In addition to GEMS Coordinator Frederick White and

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## Research Identifies Men Needing Second Prostate Biopsy

Researchers at PVAMC and the OHSU Cancer Institute have found a way to identify which men are likely to have fast-growing prostate tumors and may benefit from a second biopsy, even if their first was negative. “Until now we’ve really had no clear and consistent method to recommend further follow-up or diagnostic procedures for men who have a negative biopsy,” said study leader Mark Garzotto, M.D., Director of Urologic Oncology at PVAMC. “It’s those 1-in-10 men who do have a life-threatening cancer that we wanted to identify.” The researchers studied 511 VA patients who had been referred to urology clinics for suspicion of prostate cancer and had at least one negative biopsy. They analyzed a host of clinical indicators to see which could have reliably predicted which men had aggressive cancers. The most meaningful factor, they found, was “PSA density” - the level of prostate-specific antigen (PSA) adjusted for size of the prostate gland. The PSA test is a common initial screening method for prostate cancer. Besides identifying which men may have a deadly form of prostate cancer, this new finding could also reduce rates of cancer overtreatment and numbers of unnecessary biopsies. The research was presented June 2, 2007, at the annual meeting of the American Society of Clinical Oncologists.



Dr. Mark Garzotto

# NEWS BRIEFS

## Study Sheds Light on Medication Options for Bipolar Disorder

For depressed people with bipolar disorder who are taking a mood stabilizer, adding an antidepressant medication is no more effective than adding a placebo (sugar pill), according to findings published April 26, 2007 in the *New England Journal of Medicine*. Bipolar disorder is an illness marked by severe mood swings between depression and mania, noted Peter Hauser, M.D., Clinical Director of the Behavioral Health and Clinical



Dr. Peter Hauser

Neurosciences Division at PVAMC. Hauser was principal study investigator at the PVAMC Mood Disorders Center, one of 22 nationwide study sites in collaboration with OHSU. “Our results suggest that treatment of bipolar depression remains challenging and that most people do not recover quickly,” he said. “The risk for suicide is greatest during depressive episodes,” he emphasized, “so finding more effective treatments for bipolar depression holds the promise of saving lives.” The research findings are part of the large-scale Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD), a \$26.8 million clinical trial funded by the NIH National Institute of Mental Health to identify the best treatment options for bipolar disorder.

## Archie Bouwer is New Research Administrative Officer

Archie Bouwer, Ph.D., has been selected as the new Administrative Officer (AO) for PVAMC’s Research Service. Bouwer has been a successful principal investigator at PVAMC for many years. “Research administration has many new challenges, and the complexity of the enterprise makes a strong background in science an essential prerequisite,” said Michael Davey, M.D., Ph.D., Associate Chief of Staff for R&D. “Archie brings many strengths to this position. He will make an excellent addition to our management team and will be able to help our investigators with their routine as well as unexpected needs. Archie looks forward to interacting with clinical and support services within the medical center to maintain the good working relationships established by his predecessor, Bev Jefferson. I thank you all in advance for the warm reception that I know you will give to Archie in his new role.”

## GEMS cont.

PVAMC Director Dr. James Tuchschildt, the winning Portland team included Floss Mambourg, Renee Lange, Wendy McDonald, Diane Stief, Lisa Hawes, Nickie Pierce, Eric Gladwin, Richard Eyberg, Eric Berg, Pete Dodge, Paul Shaughnessy, Alison Marges, and Julie Guichot.

## Dr. Kussman Confirmed as VA Secretary for Health

On May 25, 2007, The U.S. Senate confirmed Dr. Michael J. Kussman as Undersecretary for Health for the Department of Veterans Affairs. “I am proud to be given the opportunity to lead VA’s dedicated health care workers in serving our nation’s veterans,” Dr. Kussman said. He joined VHA in 2000 following a distinguished quarter-century career in the U.S. Army in which he served as commander of the Europe Regional Medical Command and as command surgeon for the U.S. Army in Europe. As commander of the Walter Reed Army Health Care System in Washington, he received the rank of Brigadier General. With VA, Dr. Kussman served in a number of progressively responsible positions, and was Acting Under Secretary for Health at the time of his confirmation.



**Would You Ever Guess?** *If you know someone with an especially interesting “life outside VA,” please let us know. A name will be drawn for a profile in each issue’s “Would You Ever Guess?”*

## On the Trail with Rika and Riley

Eileen Espe, R.N., fell in love with Belgian Malinois the first time she saw one. But when she got Rika eight years ago, she had no idea where they would end up together.



As a nurse in PVAMC’s Home-Based Primary Care, Espe also travels to homes of patients in the medical center’s Program at Home that allows many older patients to receive care in their own homes for certain conditions that would usually land them in the hospital (see *In The News*, Winter 2006). In her free time, however, you can often find Espe in the wilderness far from anyone’s home, training her youngest dog or responding with Rika to a sheriff’s office call for a search dog.

Not long after Rika joined Espe’s household, they went to watch a friend working with her Standard Poodle in search training. The trainers gave Rika a sort of aptitude test by having her watch a volunteer disappear and hide. “They wanted to see if she had the drive to look for somebody,” Espe says, “She liked it, and I just sort of fell in.” The two trained together for three years to become certified, working first in wilderness trailing to find living people and then in what became Rika’s specialty - HRD, human remains detection.

Espe and Rika belong to the all-volunteer Pacific Crest Search Dogs group, one of only four canine search units in the greater Portland area and the only one in Skamania County in Southwest Washington. In one 2006 case, Espe and Rika were called out for a search and found some



remains in the wilderness area where a plane had crashed. In another, they found remains with identification where some possible remains of a suicide victim had previously been located. “That gave some closure to the family,” Espe recalls.

Last fall, another dog from the Pacific Crest group found a man who had fallen over a log and suffered a badly broken leg while on a hunting trip in the Gifford Pinchot National Forest. Though barely conscious, suffering with hypothermia and his grotesquely swollen leg, the lost hunter survived.

Youngster Riley (also a Belgian Malinois, of course) joined Espe’s family two years ago and is now training as a trailing dog. “This is the hardest training,” Espe says. “You can’t just look for any human scent. You’re looking for a specific person.” The dog’s handler has to understand how scent works to best assist the dog, she notes. “Weather, moisture, time, everything acts on how the scent plays out.”

Search and rescue presents a lot of challenges, Espe says, especially “the pressure of knowing I could be responsible for someone dying if I don’t lead rescuers on the right path.” But she emphasizes that she enjoys the job and plans to continue as long as she can. “It’s fun working with the dogs,” she says. “Besides, these are dogs that need a job.”

For more information on the Pacific Crest Search Dogs, visit [www.pacific-crest-search-dogs.org](http://www.pacific-crest-search-dogs.org). In addition to providing assistance in searches, Pacific Crest also offers education for the public on search and rescue. Volunteers are always welcome (to hide from the dogs, for example) to assist in training new teams.

## New Public Affairs Officer at PVAMC

On June 1, 2007 Pat Forsyth (aka 60 Minutes) retired as PVAMC Public Affairs Officer. Welcome to our new PAO, Mike McAleer, who came to us from the U.S. Army Corps of Engineers, Portland District. As a Public Affairs Specialist there, he served two tours in Iraq in Kirkuk and Mosul. Among his other responsibilities, McAleer was part of the Portland District Emergency Management Team responding to Mount St. Helens in 2004 and the Army Corps' Public Affairs Liaison to FEMA during the 2004 hurricane season. He is a veteran of the U.S. Navy and has a son currently serving in Iraq. He can be reached at Ext. 151920, e-mail [Michael.Mcaleer2@va.gov](mailto:Michael.Mcaleer2@va.gov).



Mike McAleer

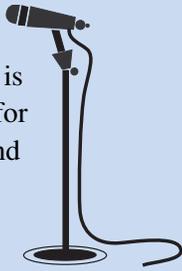
## Dr. Tuchschtmidt Honored in National Nursing Awards Ceremony

VA Deputy Secretary Gordon H. Mansfield paid tribute to VA's top nurses and medical professionals during the Secretary's 2007 Excellence in Nursing and the Advancement of Nursing Programs Award Ceremony held May 7 in Washington, D.C. PVAMC Director James Tuchschtmidt, M.D., M.M., was one of two VA executives honored this year. Dr. Tuchschtmidt was recognized for his strong and consistent commitment to innovative nursing programs to enhance excellence of patient care and foster an environment supporting professional growth. In 2006, PVAMC became one of only 3 percent of the nation's hospitals to obtain Magnet status, an achievement accomplished in no small part by Dr. Tuchschtmidt's unwavering support of nursing's Journey of Excellence.



From left to right: Mansfield; Chief Nursing Officer Cathy Rick; award recipient James Tuchschtmidt, M.D., M.M.; and Michael J. Kussman, Under Secretary for Health. The Secretary's Award is given to individuals nominated by their colleagues for outstanding service to veterans and the VA.  
Photo by Michael L. Moore

## Let Us Hear From You



In The News is a newsletter for employees and volunteers at the Portland VA Medical Center. Please submit story ideas or comments to Pat Forsyth by e-mail or call ext. 52975.

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# STAFF MILESTONES

(February - April, 2007)

## Retirements

Kareen Jacobson, Rehab & Long  
Term Care

Joan Mancil, Fiscal

Beverly Jefferson, Research

Minh-Quang Phan, Canteen

Willye Goss, Patient Care

George Nixon, Nutrition & Food

Mary Muoth, Patient Care

Edward Lee, FMS

Mel Tandberg, Mental Health

Earl Collings, Business Office

Meredith McMahan, Regional  
Counsel

Geoffrey McCarthy, VISN 20

Maryann Shavink-Dillerud,  
Education

Perry Robertson, Imaging

Kusum Kumar, Specialty  
Medicine

Fred Sullivan, Specialty Medicine

Richard Donnelly, Patient Care

Larry Bardell, Mental Health

Juliane McKim, Mental Health

## 35 Year Service Pins

Jacqueline Bass

Carol Utterberg

## 25 Year Service Pins

John McDermott

Ronald Caughie

Earl Emery

## 20 Year Service Pins

Ellen Woodard

Dennis Allison

Aaron Janowsky

Susan Amend-Cobb

Sandra Joos

James Henry

Shannon Knight

Clifford Settles

James Hoover

Gordon Campbell

Sanra Yarosz

Wayne Derheim

Gregory Bauder

Eileen Gilmartin

Robert Klein

## PATS Is Coming

One of the first applications in VA's current VistA Migration initiative is PATS, the new Patient Advocate Tracking System to track patient complaints and compliments at each medical center.

PATS is part of VA's vision for VistA to continue its status as one of the best health-care information systems in the world, while modernizing technologies for more efficient and responsive delivery of care to our nation's veterans. Watch for more on PATS in the Fall issue of In the News.

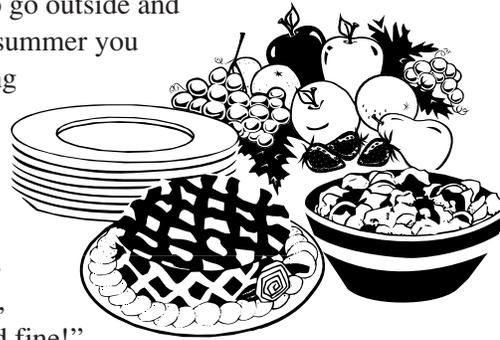


## Read the Story, Get TEMPO Credit!

Read the following article, take the quiz, and send your answers with your name and Social Security “last four” to Cary Jones (mail stop P4-PCA) for 1 hour of TEMPO credit.

### Summer Food Safety... Easy Tips to Protect Yourself! By Colleen Minier, R.N., M.P.H.

Summer is here and it's time to go outside and enjoy the good weather! This summer you will go hiking or boating, biking or swimming, and most likely you will enjoy an outdoor picnic or party. But every year millions of unsuspecting people will get sick from foods brought to these events, saying, “But the food looked and tasted fine!”



#### Food-borne Illness: What is it and what does it cause?

Food-borne illness, also commonly called food poisoning, is a sickness that can occur from drinking or eating foods containing harmful microorganisms (tiny living things like bacteria, parasites, or viruses that can only be seen by a microscope). These microorganisms can cause stomach cramping, vomiting, diarrhea, fever, headache, or body aches. For those who have lowered immunity (young children, the elderly, pregnant women, or those with other health issues) there is a greater risk of serious illness. Safe food preparation and handling can drastically reduce your chances of getting sick.

#### What's the first defense against food-borne illness?

Even when you are cooking outdoors, the first defense is hand-washing! Wash your hands with soap and water for at least 30 seconds before preparing **any** food. If you are not lucky enough to have a sink available, disposable towelettes (moist wipes) can be used.

#### What are “Must Dos” for food preparation?

Scrub and rinse all fresh fruits and vegetables (including those with tough skins and rinds that you don't eat) under running tap water, then dry with disposable towels.

To thaw frozen meat, it is safest to put it in the refrigerator overnight. Foods that you are marinating should also be placed in the refrigerator (do

not leave on the counter). Use different cutting boards for cutting raw meats than you use for other foods like fresh fruits and vegetables. If this is not possible, be sure to thoroughly wash the cutting board, knife and your hands with soap and water before cutting other foods. It is safest to avoid wooden boards to cut raw meat.

#### How hot is hot enough?

When it's time to cook the meat, cook it thoroughly! Here is a sample of some safe temperatures that can be tested by a food thermometer:

Beef, veal, and lamb steaks and roasts, 145°F (medium rare)

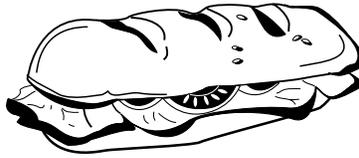
Ground pork and ground beef, 160°F

Poultry, 165°F

#### What are “Must Dos” for summertime picnics or parties?

A simple motto to follow for picnic food safety is, “keep cold foods cold and hot foods hot!” Hot food should remain above 140°F and cold food should stay below 40°F. Foods at temperatures between 140°F and 40°F are often the perfect environments for growing microorganisms you are trying to avoid. When you go for a picnic, cold food should remain in a cooler with ice or frozen gel packs until you are ready to eat. Serve foods like meat salads and desserts in serving dishes directly on ice or in shallow container set in a deep pan filled with ice. Securely wrap raw meats and keep separate from other foods to

prevent contamination by raw meat juices. Hot food should be cooked at the picnic site and eaten right away. Food should never be left out longer than **2 hours**, and when the outside temperature goes above 90°F, no longer than **1 hour**.



### **What are some tips for egg safety?**

You wouldn't buy dented cans or damaged boxed foods because of the risk of contamination. Remember that broken eggs are no exception! Never buy cracked or damaged eggs. Check eggs in their carton before you buy them. Always remember to check the expiration date on all perishable items while in the store. Only buy eggs from a refrigerated case and put them into your refrigerator as soon as you get home. Uncracked eggs with clean shells may still contain harmful microorganisms, so it is important to be sure the yolk and white are cooked to firm, never runny. Hard-boiled eggs at your picnic? Be sure to store them in a cooler with ice or frozen gel packs to keep them cold.

### **Any extra advice for pregnant women?**

Because pregnant women and their unborn children have a harder time fighting off illness, they are at greater risk of becoming seriously ill from food poisoning. Pregnant women may still pass microorganisms on to their unborn children even when the mother does not feel ill. Don't take any chances...follow the above precautions!

### **Wondering when to throw it away?**

So the picnic is over and you followed the precautions, so how long can you keep the leftover food? Here are some examples of how long you can keep well-wrapped food in the refrigerator:

Raw meat and fish, 1-2 days or as indicated on packaging (frozen 3-4 months)

Cooked meat and fish, 3-4 days

Raw hot dogs, 1 week

Uncooked eggs in shells, 4-5 weeks

Hard-cooked eggs, 1 week

Mayonnaise (after opening), 2 months

Lunch meats (after opening), 3-5 days

Meat or pasta salads, 3-5 days

Enjoy the outdoors this summer and always remember your sunscreen!

Source: [www.foodsafety.gov](http://www.foodsafety.gov)  
Gateway to Government Food Safety Information.

### **Other Resources**

Centers for Disease Control and Prevention Food Safety Office at (404) 639-3534 / (800) 311-3435: [www.cdc.gov/foodsafety](http://www.cdc.gov/foodsafety)

Food-borne Illness Education Information Center at (301) 504-5360/202-720-3434. [www.nal.usda.gov/foodborne/index.html](http://www.nal.usda.gov/foodborne/index.html)

The U.S. Department of Agriculture (USDA) Meat and Poultry Hotline at 888-MPHotline (888-674-6854). The TTY number for the hearing impaired is 800-256-7072. [www.fsis.usda.gov](http://www.fsis.usda.gov).

Colleen Minier R.N., M.P.H., is the Portland VA Employee Wellness Coordinator. Please contact her if you have any questions about the new program at (503) 220-8262 (ext. 55165) or [colleen.minier@va.gov](mailto:colleen.minier@va.gov)

Need more TEMPO hours? Have you taken the Pandemic Flu Quiz in the Winter 2007 issue? It's at [www.portland.med.va.gov](http://www.portland.med.va.gov), under In the News

## Summer Food Safety Quiz for 1 Hour of TEMPO Credit

Send your answers with your name and Social Security “last four” to Cary Jones (mail stop P4-PCA), or bring to Bldg. 101, Rm. 120, for 1 hour of TEMPO credit.

Your Name \_\_\_\_\_ Social Security Last four \_\_\_\_\_

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What’s wrong with statements 1-5? Please circle the **best** answer.

1. “I like to cut my celery and uncooked chicken at the same time, so I can serve the celery to the kids while the meat is cooking and concentrate on preparing the rest of the food.”

- A He should have cut all of his food items at once, not just the celery and chicken, to save time.
- B You should never cut raw meat with other food you’re going to eat raw. Wash your hands, the knife and the cutting board between cutting food items.
- C Nothing, he is a smart time-saver!
- D Never eat celery before chicken. It just doesn’t taste right!

2. “Our budget is tight, so I stretch our dollars by buying from the dented and slightly damaged canned food selection. This makes me a smart shopper.”

- A The shopper should also look for cans sold at discounts because they are past their expiration dates.
- B Before buying dented or damaged cans, the shopper should check for any visible leaks.
- C Never buy dented or damaged cans or boxed foods, as they may be contaminated.
- D Nothing, the shopper is a smart shopper!

3. The party started 4 hours ago. “Welcome Jacob! You’re lucky we have some food left. Try the potato salad and shrimp cocktail there on the table. We ran out of ice after the first hour, but they’re still good.”

- A Nothing, but it would be nice if Jacob could be on time (and if the party had more ice).
- B Jacob should eat the shrimp but not the potato salad.
- C Jacob should eat the potato salad but not the shrimp.
- D The food probably has been on the table for over 2 hours and should not be eaten.

4. “Grace, before you start helping me make the cake for the party, please wash your hands. I’ve got some hand soap sitting next to the sink.”

- A Washing your hands won’t help protect you from microorganisms.
- B Nothing. You should scrub your hands with soap and water for 30 seconds before preparing your food and after handling raw foods.
- C You don’t need to wash your hands unless you are going to handle raw foods.
- D Nothing. You should scrub your hands with soap and water for 10 seconds before preparing your food and after handling raw foods.

5. "I really got a good buy today - six cartons of eggs at half price just because several eggs in each carton were cracked. It doesn't matter to us because I'm going to use them right away to make ice cream for my family's picnic tomorrow."

- A Nothing, because the shopper is going to use the eggs soon.
- B You should never buy cracked or damaged eggs. So check them in the store!
- C The shopper is taking a risk, but chances are she'll be fine, so this is not a big deal.
- D The shopper should eat the ice cream herself, but not share with children in her family.