

Grandmother's experience with near-fatal infection brings much-needed changes to hospital frontlines

In 2009, Rosie Bartel underwent knee replacement surgery with every reason to believe the procedure would be nothing but routine. After all, she had already had replacement surgeries for both of her hips, her shoulder and her other knee. “I was going to have this done, and two weeks later I would be back to work and everything would be fine,” she says.

But 10 days later, the mother, grandmother and longtime educator found out otherwise. When the site of her surgery did not seem to be healing properly, her surgeon told her she had to come back to the hospital within 24 hours or she could be in “real big trouble.” There, an infectious disease specialist told Rosie that she had contracted a hospital-acquired infection (HAI)—methicillin-resistant *Staphylococcus aureus*—the dreaded infectious disease better known as MRSA. He told her that she had only about a 30% chance of surviving this infection.

For the Chilton, Wisconsin resident, who had long worked 14-hour days at her “dream job” overseeing religious education at 165 parishes in 16 counties, the next three years turned into a nightmare. Rosie would endure 27 follow-up surgeries, almost one per month, to repair the damage. But the infection refused to heal. After 13 operations, her surgeon broke the news that her best chance of normal life would call for amputating her right leg.



“It’s important for patients to speak up and engage directly with physicians and hospitals to work together. My story put a face on the issue—and led to important changes in the hospital!”

—ROSIE BARTEL

But the infection persisted even after amputation. In subsequent operations, a surgeon discovered that her wound contained 17 sutures that had never dissolved and remained infected with MRSA. Finally, as Rosie spent 25 days hospitalized in isolation, the wound slowly healed.

But by then her life had changed forever. Her disability forced the 63-year-old to move from the home she owned to a rented apartment where she could maneuver in her wheelchair. Her limited mobility also forced her to retire from the job she had planned to hold until the age of 75 or 80. With her husband David serving as her full-time caregiver, now gone too was her cherished independence. She calls these losses “devastating.”

Despite all these challenges, though, Rosie has used them as an opportunity to step into a role true to her lifelong calling—as an educator. She’s talked directly with numerous patients and families facing MRSA infections, always listening but often advising, too. She’s shared her personal ordeal at state and local events for healthcare professionals, including a conference of the Indiana Hospital Association. She took on a voice with HAI Eliminations, a group sponsored by Wisconsin’s Department of Health and its Medicare and Medicaid officials.

“It’s important for the healthcare system to hear from the patients affected,” she says.

As a result of her efforts, the healthcare system where she underwent her surgery now has a hand-washing campaign called “Think Rosie.” An interview with the board of directors at the hospital that treated her led to a study addressing joint replacement infections. Equally impressive, Rosie delivered personal testimony about her experience as the victim of surgical site infection in a video for the highly regarded Institute for Healthcare Improvement.

“This woman is amazing,” a viewer commented. “All healthcare providers should see this.” Said another, “This is the most compelling way to convince administrators and practitioners to prevent these infections.” Hospitals nationwide show the video to staff.

“No one else should have to live through what I’ve lived through,” Rosie says. “We’re never going to be perfect—we aim for perfect—but we sure can make it closer to perfect. Just remember: you can never go wrong reaching out to others.”