OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: **Galdys, Alison Lee**

eRA COMMONS USER NAME (credential, e.g., agency login): **bonowal**

POSITION TITLE: **Assistant Professor, Department of Medicine, Division of Infectious Diseases**

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
| Saint Olaf College, Northfield, MN | BA | 2001 | Biology, Hispanic Studies |
| University of Minnesota Medical School, Minneapolis, MN | MD | 2006 | Doctorate of Medicine |
| University of Pittsburgh Medical Center, Pittsburgh, PA | -- | 2011 | Internal Medicine/ Pediatrics combined residency |
| University of Pittsburgh Medical Center, Pittsburgh, PA | -- | 2013 | Infectious Diseases fellowship |
|  |  |  |  |

**A. Personal Statement**

My career in Infectious Diseases, and specifically as a Medical Director for Infection Prevention, was born from a passion for patient safety. My decade-long scholarly interest has been in the unintentional harms of medical care, including hospital-acquired conditions, (HACs) and in particular reducing healthcare-associated infections, (HAIs) which comprise a subset of HACs. A topic that I have recently become passionate about involves data describing how minoritized patients are disproportionately represented among patients that experience HACs. I am convinced that the mechanisms driving these inequities are complex and will likely not be elucidated without a deeper understanding of our individual patients and how they experience care. Further, I believe that inequities in HAC exacerbate the corrosive disadvantage our health system imposes on minoritized groups and contributes to disparities in other health indicators.

Recently, I completed a retrospective investigation of the outcomes, including HACs, of recipients of outpatient parental antibiotics (OPAT) before and after the implementation of a collaborative project to standardize the care transitions inherent to OPAT. This project was an opportunity to expand my scholarly work beyond HAIs. Specifically, I was able to collaborate with experts in the fields of both infection prevention and pharmacology, hone research skills important for analysis of a broad set of clinical outcomes related to anti-infectives, and gain experience in implementing clinical initiatives. Among our findings, we identified racial disparities in adverse drug events among recipients of parenteral antibiotics. The current proposal represents an opportunity for my research team to investigate how patient-centered care is associated with OPAT care and deficiencies in patient-centered care underlie commonly measured clinical outcomes. We also aim to learn what OPAT variables and outcomes are not routinely measured but important to our authentic understanding of the OPAT experience from a patient perspective. On a broader scale, we will investigate the intersection between patient-centered care and social determinants of health with a goal of identifying patient characteristics that predict care that is insufficiently patient-centered. Identifying the best approaches to compile data systemically and accurately on our patients’ SDH and their assessment of the degree to which we offer patient-centered care can inform research methods that, if incorporated into large-scale investigations, can move the needle on our understanding of how these elements predict health outcomes related to patient safety.

**Ongoing and recently completed (within the last 3 years) work that I would like to highlight include:**

*Program to Improve Quality and Safety of Outpatient Parenteral Antibiotic Therapy*Galdys (Co-Principal Investigator)  
University of Minnesota Academic Investment Program October 2019 - September 30, 2022

**Citations:**

1. Billmeyer KN, Ross JK, Hirsch EB, Evans MD, Kline SE, Galdys AL. [Predictors of adverse safety events and unscheduled care among an outpatient parenteral antimicrobial therapy (OPAT) patient cohort.](https://www.ncbi.nlm.nih.gov/pubmed/37332294/)Ther Adv Infect Dis. 2023 Jan-Dec;10:20499361231179668. doi: 10.1177/20499361231179668. eCollection 2023 Jan-Dec. PubMed PMID: 37332294; PubMed Central PMCID: PMC10272639.

**B. Positions, Scientific Appointments, and Honors**

**Positions and Employment**

* **7/2016-present: Assistant Professor of Medicine, Division of Infectious Diseases and International Medicine, University of Minnesota Medical School**
* **7/2013-6/2013: Clinical Assistant Professor of Medicine, Division of Infectious Diseases, University of Pittsburgh School of Medicine**
* **7/2011-6/2013: Infectious Diseases Fellow, Department of Medicine, Division of Infectious Diseases, University of Pittsburgh Medical Center (Program Director: Emanuel Vergis, MD MPH)**
* **6/2007-6/2011: Residency, Internal Medicine-Pediatrics, Department of Medicine University of Pittsburgh Medical Center (Program Director: Alda Maria Gonzaga, MD MS)**

**Licensures and Certifications**

Minnesota Department of State – Medical Physician & Surgeon License 2016 - Present

Certification, American Board of Internal Medicine, Infectious Diseases 2013 - Present

Certification, American Board of Internal Medicine, Internal Medicine 2012 - Present

Pennsylvania Department of State – Medical Physician & Surgeon License 2012 - 2016

Certification, American Board of Pediatrics 2011 - 2021

**Honors**

**2004 Gold Humanism Honor Society**

**2010-2011 Internal Medicine-Pediatrics Residency Program, Chief Resident**

**2012-2013 Infectious Diseases Fellowship Program, Chief Fellow**

**2012 Fellow’s Case Selected for Presentation at IDWeek 2012**

**2013 Delegate, NIAID/IDSA Research Careers Meeting**

**2013 Fellow, American Academy of Pediatrics**

**2021** Top Postdoctoral-Clinical Abstract, UMN Hebbel Dept of Medicine Research Day

2021-2023 Clinical Excellence Honoree, University of Minnesota Physicians

2022-2023 "Minnesota Monthly Top Doctors" recognition, Minnesota Monthly

Current Membership in Professional Organizations

|  |  |
| --- | --- |
| National Emerging Special Pathogens Training and Education Center (NETEC), Infection Prevention and Control Workgroup  Minnesota Doctors for Healthcare Equity | 2022 - Present  2020 - Present |
| Society for Healthcare Epidemiology of America Education Committee, Rising eLearning Committee Vice-Chair (SHEA) | 2020 - Present |
| Society for Healthcare Epidemiology of America (SHEA) | 2017 - Present |
| Infectious Disease Society of America (IDSA) | 2011 - Present |

**Administrative Appointments**

|  |  |
| --- | --- |
| **Department of Medicine Diversity, Equity, and Inclusion Lead, University of Minnesota School of Medicine**  Clinical Service Unit Board, Department of Medicine, University of Minnesota School of Medicine  Assistant Medical Director for Infection Prevention and Hospital Epidemiology, University of Minnesota Medical Center  Assistant Medical Director for Infection Prevention and Hospital Epidemiology, University of Pittsburgh Medical Center | 2022 - Present  2018 - Present  2016 – Present  2013-2016 |

**C. Contributions to Science**

1. **Prevention of infections in healthcare settings. As Assistant Medical Director for Infection Control and Assistant Hospital Epidemiologist, I continually evaluate data describing infections in patients and healthcare workers and seek to identify strategies to improve patient safety by reducing infections. Through an analysis conducted during the COVID-19 pandemic, I identified that patient-facing job role is associated with SARS-CoV-2 test positivity among healthcare workers in long-term care facilities. I conducted an analysis of factors that contribute to surgical site infections following neurosurgical procedures and found that, in addition to non-modifiable risk factors historically associated with SSI, colonization with methicillin-resistant *S. aureus* is a potentially modifiable risk factor strongly associated with SSI. I reported on an outbreak of multi-drug resistant bacteria that was initially identified by the epidemic curve of clinical culture data in an intensive care unit. The ensuing investigation identified a defective flexible endoscope as a common source of infection and suggested that close attention to the epidemiology of endoscopically-obtained clinical culture results along with periodic visualization of endoscope lumens should be considered by hospital infection prevention departments.**
   1. Bakare RA, Mulcahy JF, Pullen MF, Demmer RT, Cox SL, Thurn JA, **Galdys AL.** Patient-facing job role is associated with SARS-CoV-2 positivity among healthcare workers in long term care facilities in Minnesota, August-December, 2020. *Infect Control Hostp Epidemiol*, 1-5.
   2. Walsh TL, Querry AM, McCool S, **Galdys AL**, Shutt KA, Saul MI, Muto CA. “Risk Factors for Surgical Site Infections Following Neurosurgical Spinal Fusion Operations: A Case Control Study.” *Infect Control Hosp Epidemiol.* 2016 Dec 19:1-8. doi: 10.1017/ice.2016.307. PMID 27989249
   3. **Galdys AL**, Marsh JW, Delgado E, Pasculle AW, Pacey M, Ayres AM, Metzger A, Harrison LH, Muto CA. “Bronchoscope-associated clusters of multi-drug resistant *Pseudomonas aeruginosa* and carbapenem-resistant *Klebsiella pneumoniae.*” *Infection Control Hosp Epidemiol*. 2019 Jan; 40(1):40-46. Doi: 10.1017/ice/2018.263. PMID 30451128
2. **Disinfection and Sterilization.** The hospital environment plays a key role in the transmission of pathogens. There are myriad inanimate entities with which patients come into contact: medical devices, physical structures such as floors, beds, and garments, even water and air. The emergence of resistant bacteria, the complexities of hospital engineering and design, and the rapid technological advances in medical devices challenge adequate disinfection of inanimate surfaces. My research has sought to quantify the burden of inanimate surface contamination and evaluate the use of surveillance culturing for detection of contamination. Specifically, I reported the mechanism by which a flexible endoscope became contaminated with a multidrug-resistant organism (MDRO) that resulted in a cluster of infections in an intensive care unit. Based on key learning from this investigation, I have suggested strategies to mitigate the risk of endoscope contamination. I have quantified the contamination by mold of hospital linens and am currently estimating the clinical relevance of this type of contamination. Finally, I have evaluated the practice of surveillance culturing within the context of a legionella prevention program and present data that challenge current strategies for surveillance culturing that are laborious and require large volumes of water.
   1. **Galdys AL**, Marsh JW, Delgado E, Pasculle AW, Pacey M, Ayres AM, Metzger A, Harrison LH, Muto CA. “Bronchoscope-associated clusters of multi-drug resistant *Pseudomonas aeruginosa* and carbapenem-resistant *Klebsiella pneumoniae.*” *Infection Control Hosp Epidemiol*. 2019 Jan; 40(1):40-46. Doi: 10.1017/ice/2018.263. PMID 30451128
   2. Sundermann AJ, Clancy CJ, Pasculle AW, Liu G, Cumbie RB, Driscoll E, Ayres AM, Donahue L, Pergam SA, Abbo L, Andes DR, Chandrasekar P, **Galdys AL**, Hanson KE, Marr KA, Mayer J, Mehta S, Morris MI, Perfect J, Revankar SG, Smith B, Swaminathan S, Thompson GR, Varghese M, Vasquez J, Whimbey E, Wingard JR, Nguyen MH. “How clean is the linen at my hospital? The *Mucorales* on unclean linen discovery study of large US transplant and cancer centers.” *Clin Infect Dis.* 2019 Feb 15;68(5):850-853. doi: 10.1093/cid/ciy669. PMID: 30299481
   3. **Galdys AL, Querry AM, Young L, Sundermann A, Tatar JM, Carrol S, Crouse J, Pasculle AW, Muto CA. Legionella Detection Within a Hospital Water Distribution System: Do Contemporary Guidelines for Surveillance Culturing Hold Water?** *Open Forum Infectious Diseases*, Volume 3, Issue suppl\_1, December 2016, 253, <https://doi.org/10.1093/ofid/ofw172.120>
3. **Epidemiology and treatment of *C. difficile.*** Intense infection prevention efforts to reduce the incidence of *C. difficile* infection (CDI) over the last decade have included multi-tiered strategies. Despite these efforts, the incidence of CDI in hospitalized patients remains high, suggesting a complex transmission dynamic and underscoring the fact that treatment modalities are suboptimal. I have published primary data quantifying the proportion of healthy, community-dwelling adults with asymptomatic *C. difficile* intestinal colonization, a population crucial for understanding the sources for CD in hospitals and also the interpretation of CD clinical tests. I have also presented data suggesting transmission of *C. difficile* from asymptomatically colonized patients to patients who go on to develop CDI when can inform future intervention studies to evaluate new strategies for CDI reduction. I have also investigated the relative efficacies of lower endoscopic versus oral delivery of intestinal microbiota transplantation with respect to clinical outcomes and the natural history of engraftment in patients that experience clinical success or failure.
   1. Staley, C., Halaweish, H., Graiziger, C., Hamilton, M., Kabage, A., **Galdys, A.**, Vaughn, B., Vantanasiri, K., Suryanarayanan, R., Sadowsky, M., Khoruts, A. (2021). Lower endoscopic delivery of freeze-dried microbiota results in more rapid and efficient engraftment than oral administration. *Sci Rep*.
   2. **Galdys A**, Nelson J, Shutt K, Schlackman J, Pakstis D, Pasculle AW, Marsh J, Harrison LH, Curry S. “Prevalence and Duration of Asymptomatic *Clostridium difficile* Carriage Among Healthy Subjects in Pittsburgh, Pennsylvania.” (2014) *J Clin Microbiol* 52 (7) 2406-9 PMID 24759727
   3. **Galdys, A, Muto CA, Marsh J, Harrison LH, Curry SR. Evidence of hospital-associated *Clostridium difficile* transmission between patients with asymptomatic carriage and patients with *Clostridium difficile* infection.** *Open Forum Infectious Diseases*, Volume 1, Issue suppl\_1, December 2014, Page S440, <https://doi.org/10.1093/ofid/ofu052.1192>

**Complete list of published work in MyBibliography:** <https://www.ncbi.nlm.nih.gov/myncbi/1lG815AFFZx5f/bibliography/public/>