Quality Improvement Profile

The New York State Department of Health AIDS Institute's HIV Quality of Care Program has compiled crucial information from your HIV quality improvement program into a single profile report.

This quality profile contains longitudinal performance data on key quality indicators derived from the organizational HIV treatment cascade self-review, such as viral load suppression. It highlights quality improvement plans developed by the organization based on results of the review, consumer involvement in this process, as well as feedback from the quality coach and contract manager. Capacity building information such as participation in a quality learning network or regional group is also included. Please use this report to review the HIV quality management program's effectiveness and to make changes if needed. **We encourage sites to use the included data to focus on disparities in outcomes of patient groups to ensure equitable health and wellbeing for all patients.** Also, please let us know if there is an update that should be made to the contact information. If you have any questions or would like to request technical assistance or coaching for your HIV quality management program, please contact Dan Belanger at daniel.belanger@health.ny.gov.

Cascade Submission Date: **Review closed in November 2025**

Quality Improvement Profile Completion Date: **March 2026**

Latest Revision Date: **May 14, 2026**

Program Name: Westchester Medical Center

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Ally Care Center Primary Care Clinic Adult Clinic	19 Bradhurst Ave Suite 600	Hawthorn	10532
Hospital	Pediatric and Adolescent Clinic	100 Woods Road, BHC N230	Valhalla	10595

Important Contacts

HIV Medical Director	Rebecca Glassman	rebecca.glassman@wmchealth.org	(914) 493-7700
Lead Quality Improvement Contact	Janis Castaldi	janis.castaldi@wmchealth.org	(914) 493-7275
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Regional Group/Learning Network Participation

Learning Network Affiliation: Community Health Center Quality Learning Network (CHCQLN), New York Links
Participated in Group Quality Improvement Project? Yes
Focus: Accessing Mental Health (2019), Sexual Health: Assessment, Receive Counseling, Testing and Treatment Indicators (2020 & 2021), Viral Load Suppression, Cascade Follow-up

Organizational HIV Treatment Cascade

Definitions of Key Indicators

On Antiretroviral Therapy: Documented prescription of one or more antiretroviral medications at any time during the review year.

Any Viral Load Test: Documentation of at least one viral load test at any time during the review year.

Viral Load Test within 91 Days (Newly Diagnosed Patients): Documentation of at least one viral load test performed within 91 days of initial HIV diagnosis.

Suppressed on Final Viral Load (Previously Diagnosed Patients): A value of less than 200 copies/mL on the final viral load test during the review year. Patients with no documented viral load test during the review year are scored as unsuppressed.

Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

3-day Linkage to Care (Patients Newly Diagnosed Within the Organization): A time interval of three days or less from initial HIV diagnosis to provision of HIV care. Only patients diagnosed by the participating organization, and not those referred by external providers or testing sites, are eligible for this indicator. Prior to 2019, documentation of HIV care was based exclusively on visit history (seen by a provider who could prescribe antiretrovirals, whether or not this was done), and an exception was made in 2017 (only) for individuals seen as inpatients (linkage within 30 days); beginning in 2019, documentation of first antiretroviral prescription was also used for this, and there were no exceptions to the 3-day limit.

NOTE: Data are not reported for subpopulations of fewer than 10 patients. This is done to address any concerns about confidentiality and avoid possible misinterpretation of results based on small populations. For brevity, throughout the profile, the number of applicable patients is reported using the "n=x" convention with x being the number of patients eligible for an indicator or within a demographic subpopulation.

Key Indicators

Figure 1. Viral Load Suppression within 91 Days among Newly Diagnosed Patients: Organization Rate from 2018 to 2024

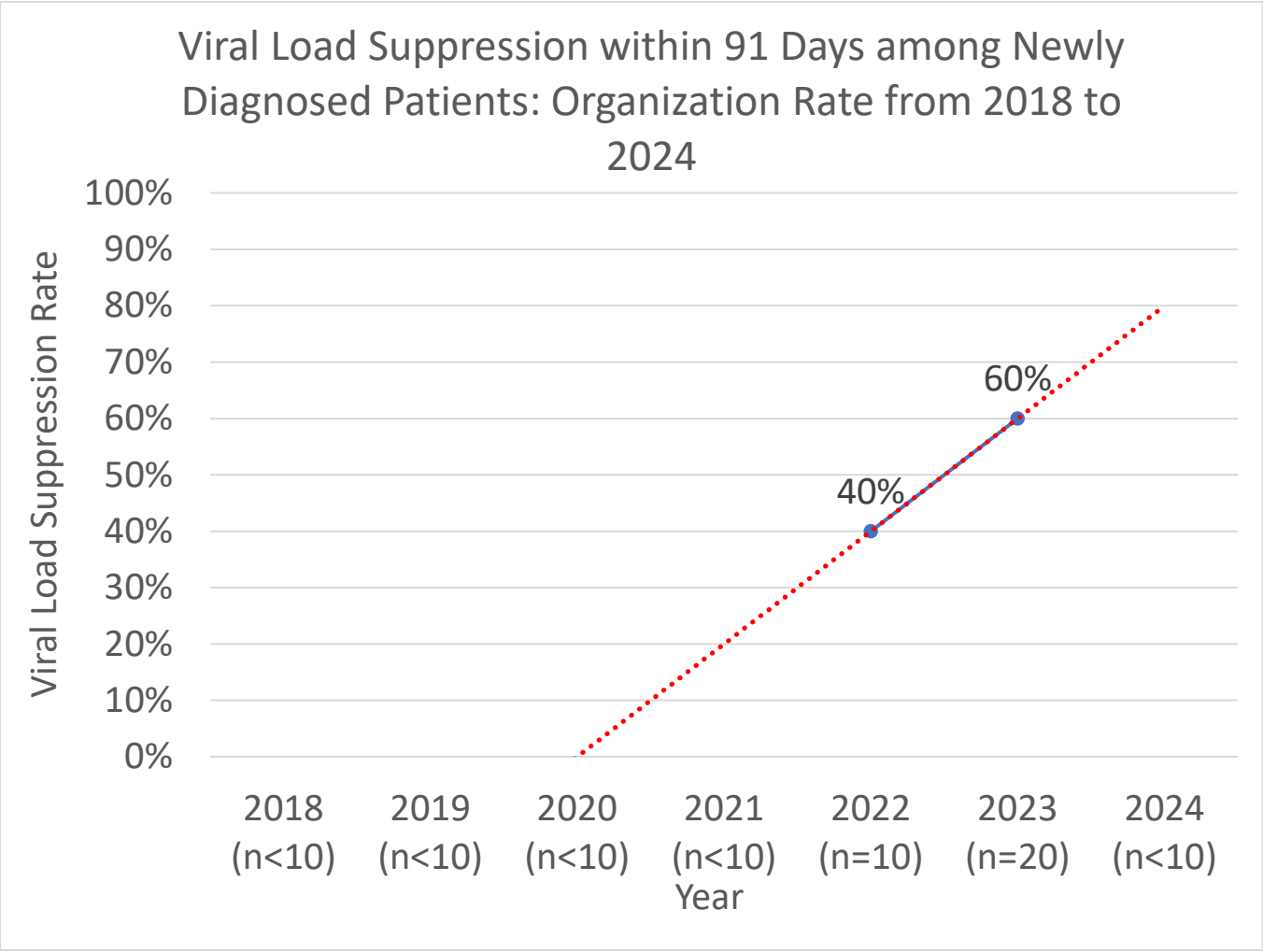
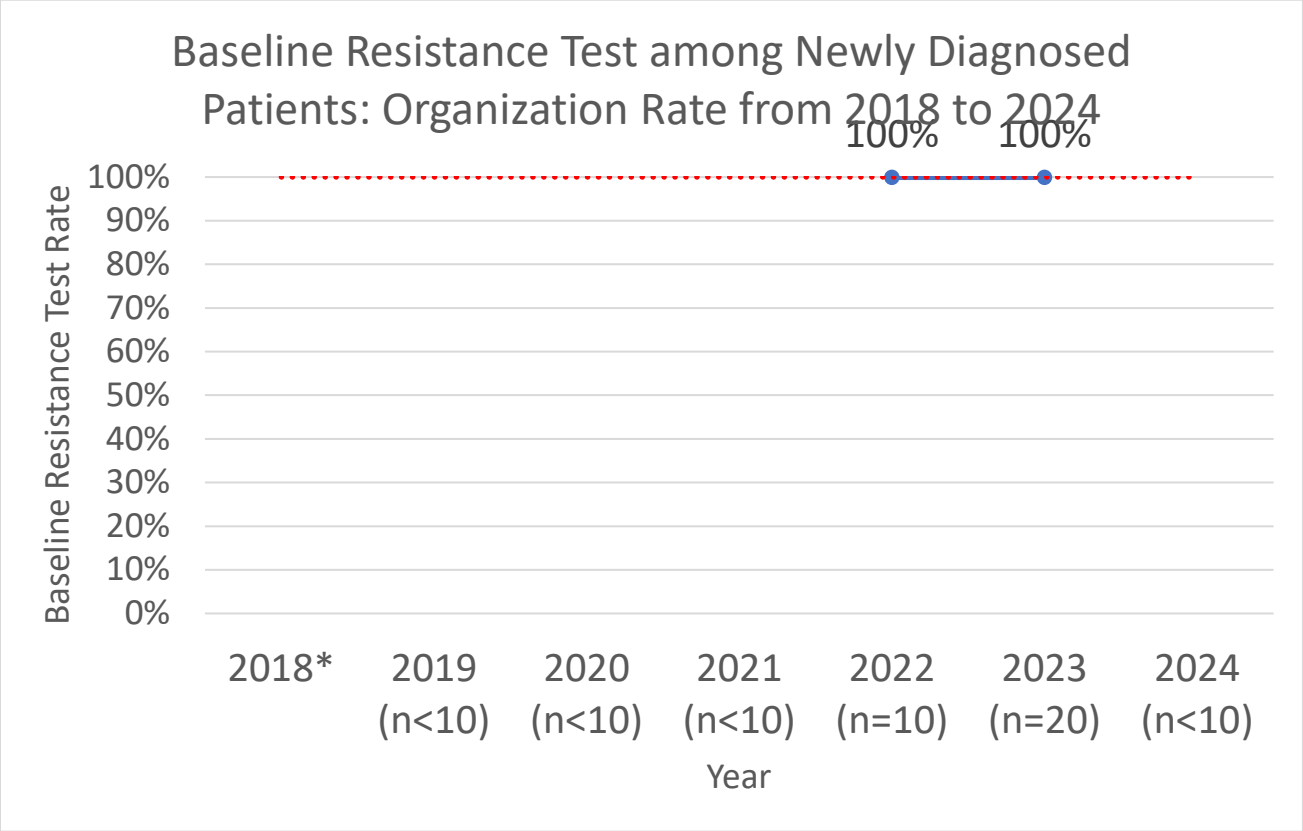


Figure 2. Baseline Resistance Test among Newly Diagnosed Patients: Organization Rate from 2018 to 2024



Note: Data for this indicator were not required for the review of care provided in 2018.

Figure 3. Viral Load Suppression at Last Test in Year among New to Care Patients (Other than Newly Diagnosed): Organization Rate from 2018 to 2024

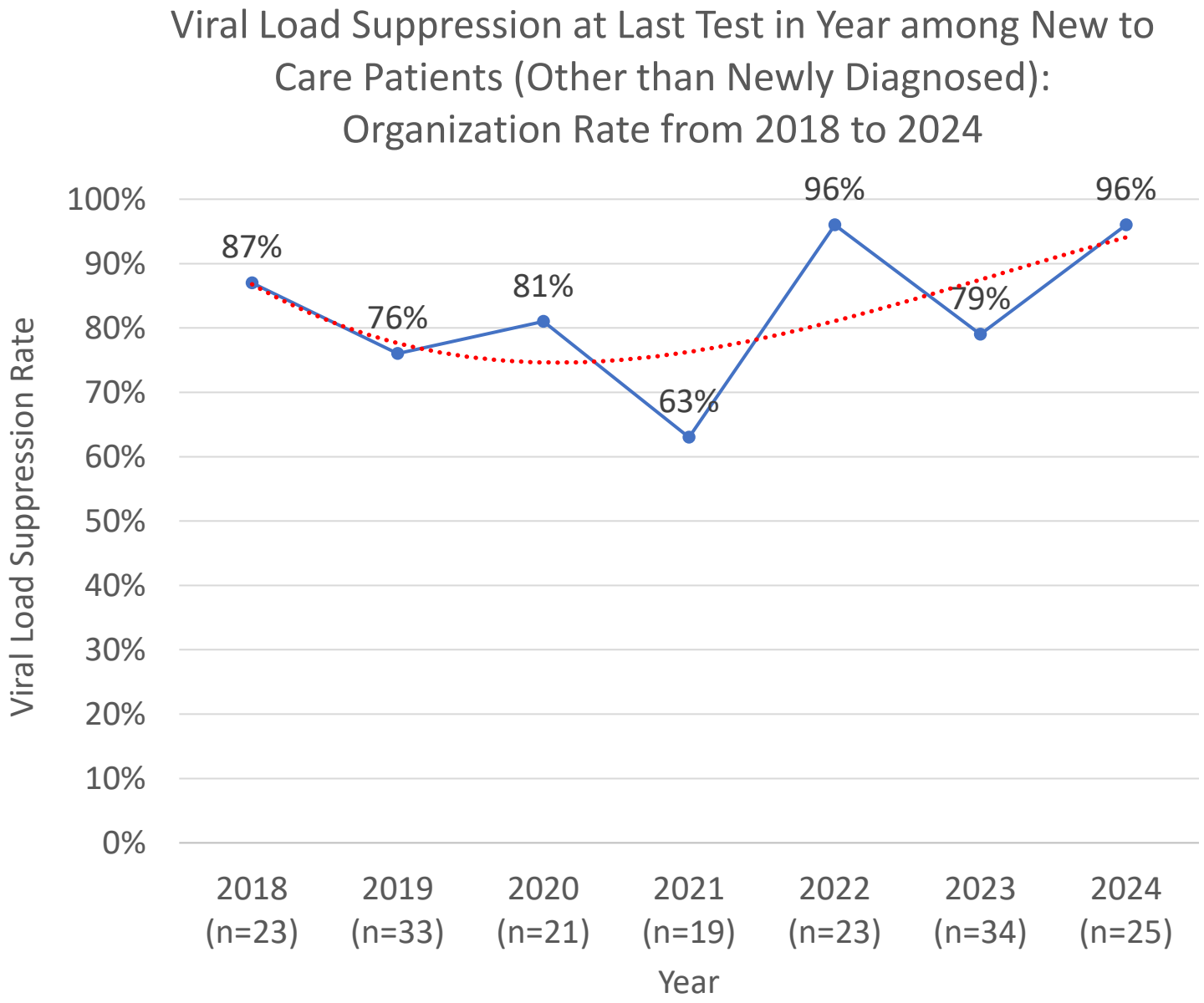


Figure 4. Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024

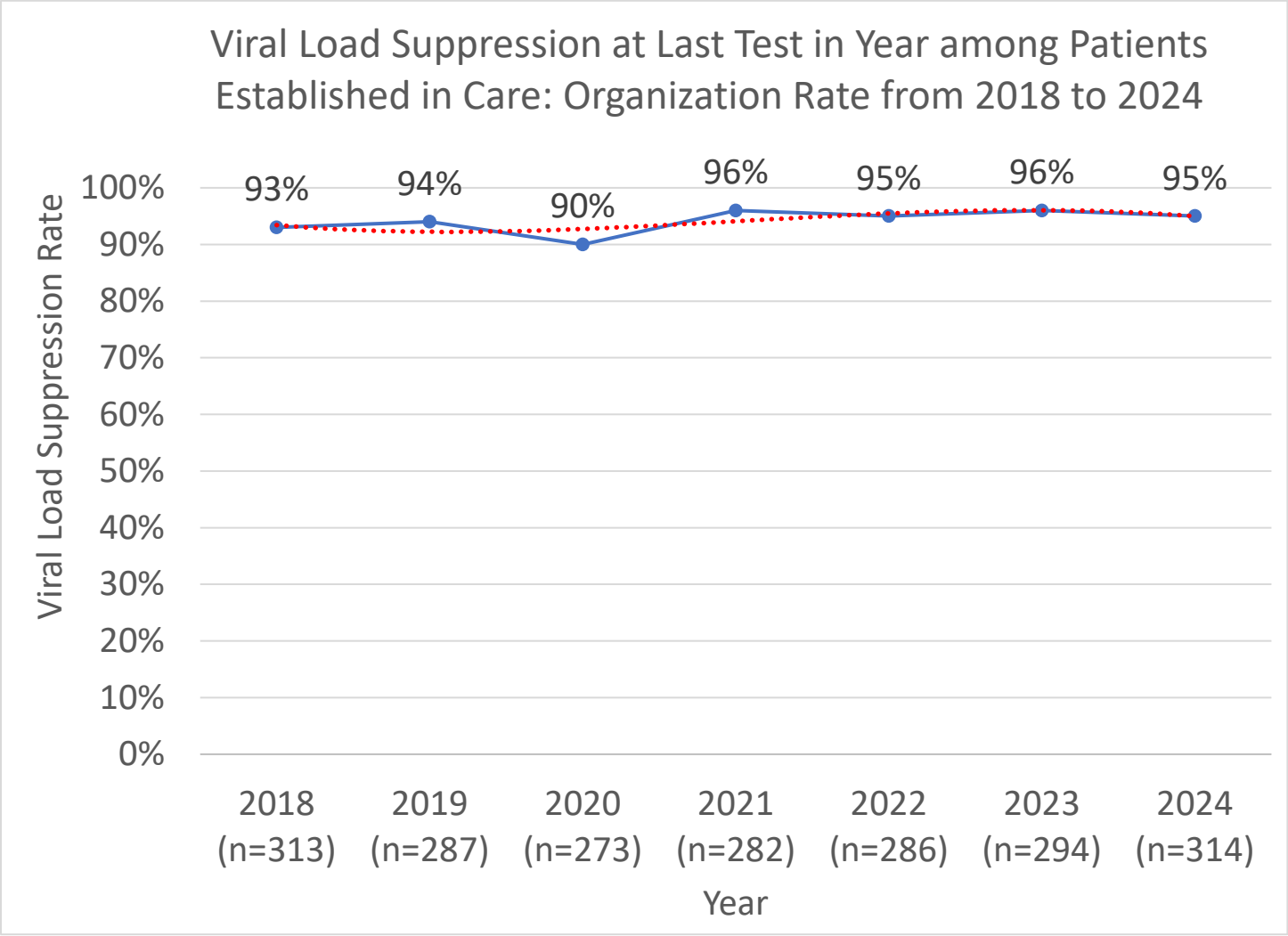


Figure 5. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

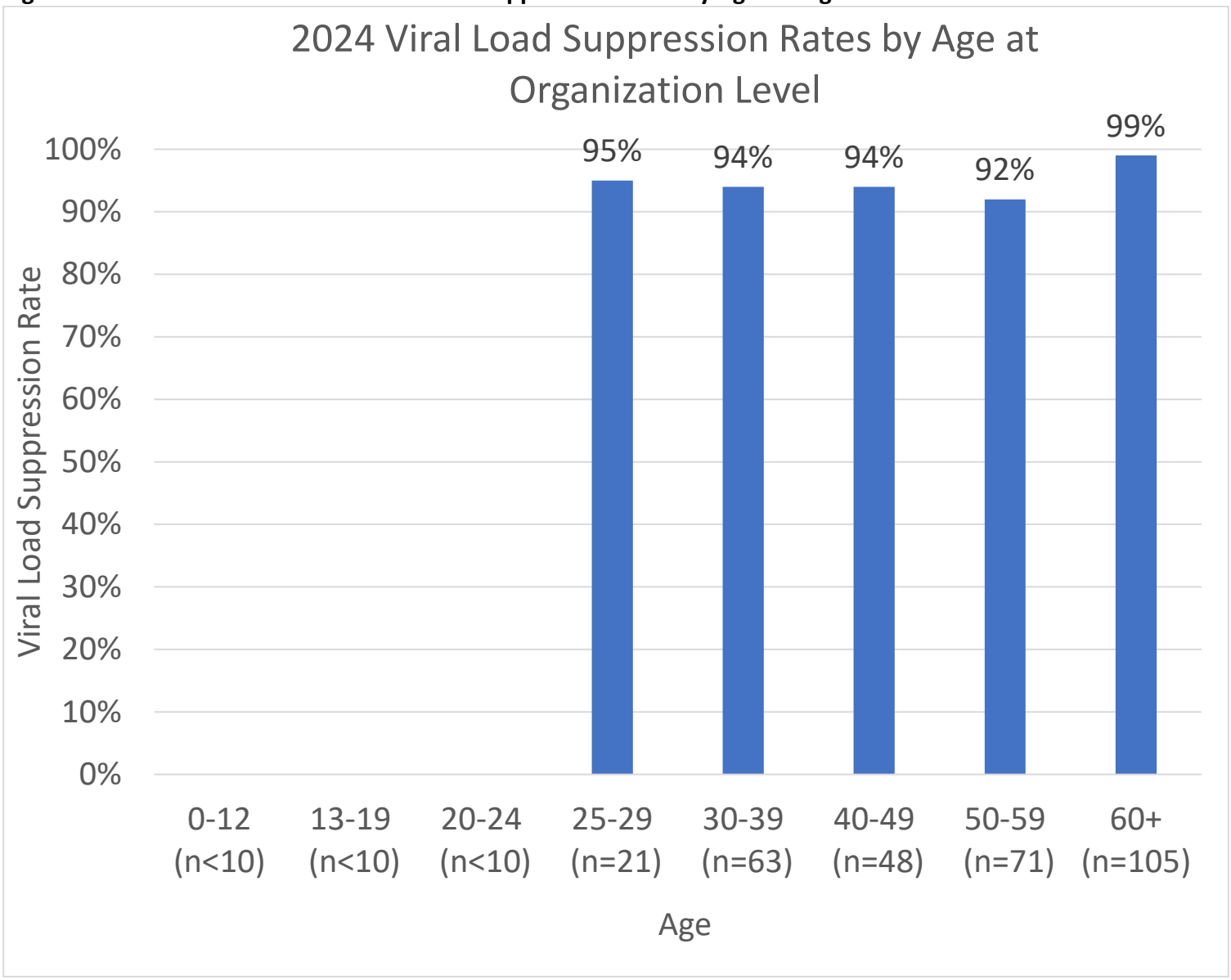
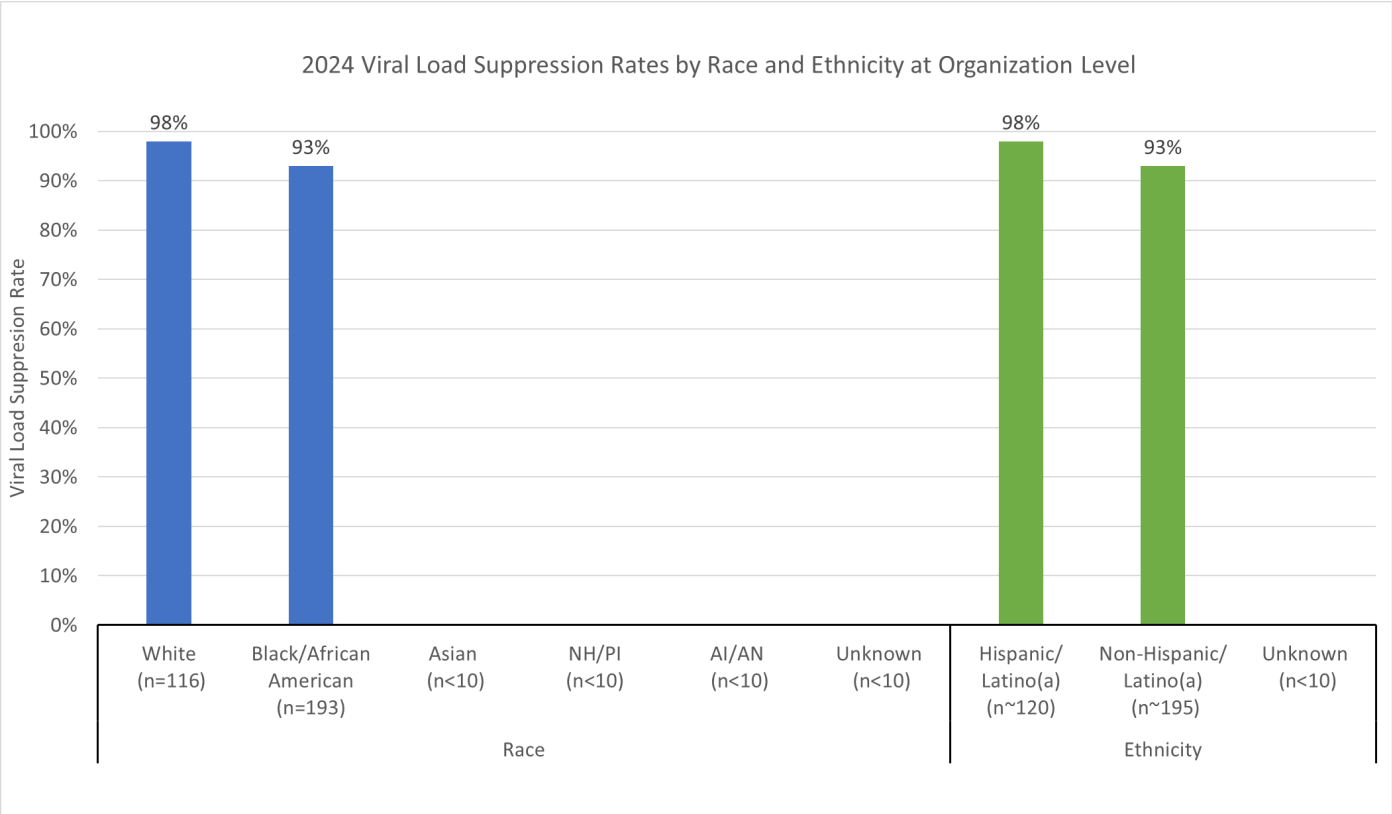


Figure 6. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



Note: NH/PI = Native Hawaiian/Pacific Islander; AI/AN = American Indian/Alaska Native.

Table 1: Indicator Rates at Organization Level for 2018 to 2024

Patient Group	Indicator	2018		2019		2020		2021		2022		2023		2024	
		Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median
Newly Diagnosed	3-day Linkage to Care	-- (n<10)*	41%	-- (n<10)*	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	-- (n<10)*	63%	-- (n<10)*	53%
	On Antiretroviral Therapy	-- (n<10)*	96%	-- (n<10)*	100%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=10)	100%	100% (n=20)	100%	-- (n<10)*	100%
	Viral Load Test within 91 Days	-- (n<10)*	93%	-- (n<10)*	95%	-- (n<10)*	95%	-- (n<10)*	92%	90% (n=10)	96%	85% (n=20)	95%	-- (n<10)*	93%
	Suppressed within 91 Days	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	-- (n<10)*	50%	40% (n=10)	50%	60% (n=20)	50%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	-- (n<10)*	74%	-- (n<10)*	80%	-- (n<10)*	82%	100% (n=10)	79%	100% (n=20)	76%	-- (n<10)*	83%
Other New to Care	On Antiretroviral Therapy	100% (n=23)	97%	100% (n=33)	100%	100% (n=21)	100%	100% (n=19)	100%	96% (n=23)	100%	97% (n=34)	100%	100% (n=25)	100%
	Any Viral Load Test	100% (n=23)	99%	85% (n=33)	98%	100% (n=21)	100%	100% (n=19)	100%	100% (n=23)	98%	97% (n=34)	98%	100% (n=25)	98%
	Suppressed Final Viral Load	87% (n=23)	74%	76% (n=33)	78%	81% (n=21)	77%	63% (n=19)	69%	96% (n=23)	77%	79% (n=34)	80%	96% (n=25)	81%
Established Active	On Antiretroviral Therapy	100% (n=313)	99%	100% (n=287)	99%	98% (n=273)	99%	100% (n=282)	99%	99% (n=286)	100%	100% (n=294)	100%	100% (n=314)	100%
	Any Viral Load Test	99% (n=313)	99%	94% (n=287)	99%	97% (n=273)	97%	98% (n=282)	98%	99% (n=286)	98%	100% (n=294)	98%	100% (n=314)	98%
	Suppressed Final Viral Load	93% (n=313)	88%	94% (n=287)	89%	90% (n=273)	87%	96% (n=282)	88%	95% (n=286)	89%	96% (n=294)	91%	95% (n=314)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	93% (n=350)	95%	99% (n=307)	96%	98% (n=273)	96%	99% (n=283)	97%	99% (n=286)	97%	100% (n=294)	98%	100% (n=314)	98%
	Any Viral Load Test	90% (n=350)	93%	93% (n=307)	93%	97% (n=273)	90%	98% (n=283)	94%	99% (n=286)	93%	100% (n=294)	94%	100% (n=314)	93%
	Suppressed Final Viral Load	83% (n=350)	80%	93% (n=307)	83%	90% (n=273)	77%	95% (n=283)	79%	95% (n=286)	83%	96% (n=294)	83%	95% (n=314)	86%

*** Data redacted due to small number of applicable patients (fewer than 10).**

**** Data for this indicator were not required for this review.**

Table 2: Viral Load Suppression by Established Active Patient Demographic Group at Organization Level for 2024

AGE															
0-12		13-19		20-24		25-29		30-39		40-49		50-59		60+	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10*	--	<10*	--	<10*	--	21	95%	63	94%	48	94%	71	92%	105	99%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Transgender Other		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
193	96%	118	93%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--		

RACE															
White		Black/African American		Asian		Native Hawaiian / Pacific Islander		American Indian / Alaskan Native		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
116	98%	193	93%	<10*	--	<10*	--	<10*	--	<10*	--				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~120	98%	~195	93%	<10*	--										

RISK FACTOR															
MSM		IDU Risk		Heterosexual Risk		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
103	97%	23	96%	67	96%	<10*	--	<10*	--	25	92%	<10*	--	99	92%

HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
305	96%	<10*	--	<10*	--	<10*	--								

INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
76	96%	47	98%	120	93%	14	93%	57	96%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

*** Data redacted due to small number of applicable patients (fewer than 10).**

Table 3: Indicator Rates at Clinic Level for 2018 to 2024

Year	Clinic	Newly Diagnosed	Other New to Care			Established Active		
		Baseline Resistance Test	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final VL	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
2018	Adult Clinic	**	100% (n=19)	100% (n=19)	84% (n=19)	100% (n=298)	99% (n=298)	94% (n=298)
	Pediatric and Adolescent Clinic	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=15)	100% (n=15)	73% (n=15)
2019	Adult Clinic	-- (n<10)*	100% (n=33)	85% (n=33)	76% (n=33)	100% (n=287)	94% (n=287)	94% (n=287)
2020	Ally Care Center Primary Care Clinic Adult Clinic	-- (n<10)*	100% (n=21)	100% (n=21)	81% (n=21)	98% (n=273)	97% (n=273)	90% (n=273)
2021	Ally Care Center Primary Care Clinic Adult Clinic	**	**	**	**	100% (n=282)	98% (n=282)	96% (n=282)
2022	Ally Care Center Primary Care Clinic Adult Clinic	**	**	**	**	99% (n=286)	99% (n=286)	95% (n=286)
2023	AIDS Care Center Primary Care Clinic Adult Clinic	**	**	**	**	100% (n=294)	100% (n=294)	96% (n=294)
	AIDS Care Center Primary Care Clinic Pediatric and Adolescent Clinic	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
2024	AIDS Care Center Primary Care Clinic Adult Clinic	**	**	**	**	100% (n=314)	100% (n=314)	95% (n=314)
	AIDS Care Center Primary Care Clinic Pediatric and Adolescent Clinic	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

*** Data redacted due to small number of applicable patients (fewer than 10).**

**** Data for this indicator were not requested for this review or were not scored at this level.**

Quality Improvement Interventions for 2025

Self-Reported[1] based on 2024 results

Methodology

We utilized the extracts & aggregate reports in the AIDS Institute Reporting System/ERA & excluded duplicates by comparing the Client IDs to the medical record numbers in the electronic medical record. The electronic medical record and AIDS Institute Reporting System were primary data sources for all patients. The most challenging part of the data were extraneous patients previously cared for many years ago and never appropriately closed in the AIDS Institute Reporting System creating an excess amount of noise in the data. Once these individuals were appropriately closed, the data was much cleaner. The data manager was responsible for extracting the data, entering it into the Excel template and reviewing the data for completeness and accuracy. The program manager also assisted and reviewed for accuracy. The program manager, data manager and medical director all reviewed and analyzed the data results. The quality committee will meet at a later data to review the data and determine opportunities for quality improvement, on a program scale and on individual grant program levels. To date, the AIDS Institute Reporting System only represents patients cared for at the Acute Care Clinic, not those widely seen at Westchester Medical Center in the emergency room or in other service lines. Moving forward, the program will work to obtain a weekly run list of clients seen at Westchester Medical Center's emergency room or admitted with a diagnosis of HIV (utilizing HIV Ag/Ab screens and HIV viral load tests). The team will utilize this data to determine if patients living with HIV are in care elsewhere, or in need of care at the Acute Care Clinic and outreach to assist with establishment of care. This will be reflected in future Cascade reports. For the frailty screen, the program is currently performing this evaluation on all patients enrolled in our People Aging with HIV pilot grant program. We are working on a protocol for screening all patients 50 and over with the same frailty screen to determine if they would benefit from the support of the People Aging with HIV pilot grant program.

Key Findings

Low rates of viral load suppression amongst newly diagnosed patients can be accounted due to diagnosis at the end of the year. These individuals all suppressed within 91 days, but it crossed over into the new year. Several patients living with HIV and had a final viral load of the year with an elevation. In one case, [details redacted]. In another case, the patient reported excellent adherence, and the follow-up viral load was suppressed demonstrating a brief viral load blip. We continue to diagnosis very few individuals with HIV at our specific site, but many are diagnosed in our emergency room or inpatient. We work closely with all departments to ensure they are aware of our existence and services and availability to see patients immediately upon discharge to minimize time to linkage of internally diagnosed patients.

[1] Text in square brackets represents minor edits by the Quality of Care Program to remove details about small groups of patients.

Quality Improvement Projects

Quality Improvement Project #1
Indicator: 3-day linkage of internally diagnosed patients
2024 rate for this indicator: 0%

Overall 2025 goal for this indicator: 75%
Description:

Increase in-reach education to internal medicine and emergency medicine departments to increase linkage to our services at the time of diagnosis. In addition, members of the Acute Care Clinic team will visit every newly diagnosed patient in the hospital and arrange a visit prior to discharge.

Target population: all newly diagnosed patients with HIV or patients without HIV providers.

Quality Improvement Project #2
Indicator: Viral load suppression among established active patients
2024 rate for this indicator: 95%
Overall 2025 goal for this indicator: 97%
Description:

Viral load suppression among adolescents ages 13-19 was 50% compared to the clinics average of 95%. There are less patients in this group accounting for the large discrepancy. However, we will work on connecting additional individuals in this age bracket to services at the Acute Care Clinic, and work on utilizing incentives and long-acting injectable treatment as two powerful mechanisms for achieving long term viral load suppression.

Quality Improvement Project #3
Indicator: Viral load suppression among established active patients
2024 rate for this indicator: 95%
Overall 2025 goal for this indicator: 97%
Description:

Viral load suppression among African American patients was lower than our average clinic suppression rate. Many of these patients are enrolled in a grant-sponsored program & have been identified as candidates in the clinic's other quality improvement projects. We will work on utilizing incentives, long acting injectables. Also, continue to identify social determinants of health & resolve what may hinder our patients' compliance.

Consumer Involvement
Consumers were not involved to date in reviewing the findings and formulating quality improvement projects but will be involved in the work moving forward. Ongoing surveys are utilized to gauge patient interests in health education/risk reduction workshops and psychosocial support groups. Also, have included an anonymous suggestion box in the clinic for patients to get a better understanding on how to improve based on patient feedback.

Coach's Feedback and Updates on Cascade Quality Improvement Plan
Changes were made to respond to suggestions.

The viral load suppression results are impressive. There is significant improvement in 91-day viral load suppression for newly diagnosed. Drill down data are used to identify gaps in outcomes by age and racial group and quality improvement projects addressing these disparities. Consumers have not been involved in reviewing data and

quality improvement work but will be going forward. If technical assistance is needed for further developing consumer involvement in quality improvement, training can be scheduled through the Quality of Care Program. It is strongly recommended that the organization participate on an ongoing basis in the Health Equity Learning Collaborative, which is an extension of the annual cascade review, giving participants an opportunity to engage in peer learning to support cascade quality improvement projects with a health equity lens.

Appendices

Note: Results from 2017 have been moved to this appendix to make room for more recent data in the tables and charts within this profile. Of note, the data for 2017 were reported through a different process that did not include submission of patient-level data. Any interpretation of changes between 2017 and 2018 and subsequent years should be made with this discontinuity in the process in mind.

Appendix A-1
2017 Indicator Rates at Organization Level

Established Active			Open Previously Diagnosed (Active & Inactive)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
--	--	--	--	--	--

Note: Did not receive usable data for Westchester Medical Center in the review of care provided in 2017.

Appendix A-2
2017 Established Active Rates at the Clinic Level

Clinic	Established Active		
	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
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Note: Did not receive usable data for Westchester Medical Center in the review of care provided in 2017.