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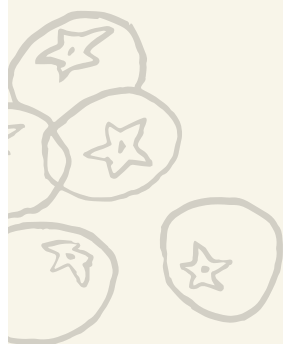
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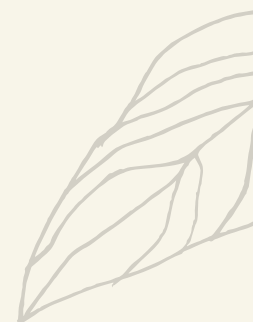
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Cover Photo: Seated left to right is Michele Brown of IntuAction Coaching, and Lucy Sorrentini of Impact Consulting. Standing left to right is Deborah Visconi of Bergen New Bridge Medical Center and Corethia V. E. Oates of Morgan Stanley.

Cover Photo: John O'Boyle Photography

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# NJ Bag Ban: Legislature Must Make This Key Fix

By Anthony Russo  
President, CIANJ

**M**uch like customers in New Jersey, the business community is still navigating the complexities that came with the state's wide-ranging single-use bag ban – but there could be good news on the horizon.

The Garden State's new law has already eliminated more than 3 billion plastic bags and about 68 million paper bags from 2,000 grocery stores since the law went into force earlier this year, according to estimates from the New Jersey Food Council. That's certainly good news. But still, with such a sweeping law, many challenges remain for both businesses and consumers.

Unfortunately, an important misstep was made when the law was enacted: the packaging for the thousands of New Jersey residents who have groceries and other essential goods delivered to their homes or ordered for pickup was overlooked. Along with banning single-use plastic bags, New Jersey went a step further and also banned all paper bags from supermarkets and big box retailers that sell groceries.

This differs from other states that didn't end their use for these purposes.

The current result for New Jersey businesses is they have now replaced each single-use bag with reusable plastic ones for grocery delivery

orders – undermining the law's well-intentioned environmental sustainability goals. The appeal of reusable bags is they are just that: reusable. But unlike an in-store shopping trip, consumers' items are already packed for them when they use curbside pickup or delivery – meaning they can't reuse their bags for these orders. The supporters of the law could not have wanted a policy that essentially makes reusable bags viable for only one-time use, but that's what has happened as retailers are left with no other alternative.

As a result, New Jersey residents who get these deliveries – parents who cannot find time to make it to the store, seniors who depend on home delivery, or essentially any other customer who now relies on the convenience of these delivery services – are inadvertently accumulating dozens, if not hundreds, of reusable plastic bags as they place their orders. Worse, these thicker totes use far more plastic and require being reused many times over compared to a standard single-use plastic bag to offset the energy needed to produce them. Nor are the reusable bags recyclable at curbside as paper bags would be, if they were permitted for deliveries from supermarkets. For ambitious legislation that already is making a huge impact in limiting single-use bags, this oversight undercuts so much of the positive impact intended by the law's sponsors. Fortunately, lawmakers are considering fixing this problem and have introduced several bills to address the issue. One proposed bipartisan bill fix would allow customers to receive their groceries in paper bags either by delivery or curbside pickup – but only for a maximum of three years.

And it doesn't really remedy this problem because it would apply differently to purchases inside and outside the store, and could introduce a complicated new system of sterilization and reuse that retailers and delivery platforms would be difficult and costly to implement. No other state has tried this approach because it remains unclear whether it would be environmentally beneficial or economically feasible. Other lawmakers have introduced simpler solutions, such as permitting paper bags for delivery and curbside pickup without these added complexities.

When state lawmakers passed the bag ban, they tasked a panel of experts, the Plastics Advisory Council, with monitoring the bag ban's implementation and evaluating its effectiveness. Rather than rushing into misguided band-aid solutions, the Legislature should allow these experts to advise on how to navigate the difficult issue of eliminating single-use bags completely more thoughtfully, especially considering the growing need for delivery and curbside ordering. At least allowing a temporary reprieve that allows paper bags for delivery and curbside orders would prevent the overuse of reusable bags that people are currently experiencing while still reducing plastic waste.

The Legislature is taking the right step to fix some very real confusion and concerns with an otherwise landmark law. But in ending one problem, our senators and assembly members must take care to not create a whole new set of issues that will leave New Jersey residents and businesses equally baffled and, most importantly, will not eliminate as much waste as is truly possible. 🇺🇸



Single use plastic bags must be replaced with reusable bags in New Jersey.



Customers using home delivery are unable to re-use their bags.





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# Diversity, Equity & Inclusion are Essential for Success

By Diane C. Walsh  
Editor, COMMERCE

**W**omen now figure as more than 10 percent of the CEOs on the Fortune 500 list. It's a first in the 68-year history of the famed business registry and a milestone in the diversity movement.

But before breaking out in applause, consider what many business leaders are thinking – namely there's still a lot of work ahead. Since the shocking murder of George Floyd by police in Minneapolis three years ago, our nation's drive for reform and justice has made diversity, equity and inclusion (DEI) a rallying call.

Throughout New Jersey, businesses want to make qualitative and quantitative changes to enhance these three principles in their operations. *COMMERCE* Magazine interviewed four women who are champions of the cause. They are from different backgrounds and offer different approaches. But together they give a unique perspective on the importance and significance of DEI. Here are their stories:

### Bergen New Bridge Medical Center Deborah Visconi, CEO

As CEO of the state's largest hospital, Deborah Visconi is intent on making certain

that not only does Bergen New Bridge Medical Center and its 2,000 employees embrace the values of diversity, equity, and inclusion, but the community also benefits from these standards.

Visconi is a Latina, who grew up in an underserved neighborhood in Brooklyn. From the moment she stepped onto the hospital's Paramus campus five years ago her mantra has

***"It's important to recognize issues and address them in the way the community needs us to address them."***

been to provide access to equitable health care.

"Every group approaches health care differently," she said, explaining that as a "sacred, trusted entity in the community," Bergen New Bridge must understand the differences and bridge them. For instance, her staffers overcame resistance from the Lenape Native American communities in the northern parts of the state by going there and speaking directly with the community. "It's important to

recognize issues and address them in the way the community needs us to address them," Visconi said.

Along with Lenape outreach, the hospital designed specific health programs for the Korean, African-American, Muslim and other communities. Bergen New Bridge also collaborated with Garden State Equality in opening the first health center in the region to address the needs of the LGBTQI community.

When Visconi is invited to speak at college commencements or her most recent engagement as the keynote speaker at a Latino health-care executives' conference, she underscores the need for equitable health care. Regardless of skin color, health insurance status, or even access to a car, Visconi maintains "you still deserve the right to health care. We are not just saying the words, but living the truth. We're putting policies in place and surrounding it with staff that has the same vision."

Her employees are recruited from the community. She also devised mentorship programs to nurture the staff. "We cannot understand the community, unless the staff is committed to it and represents the community we serve. We must represent the tapestry of the community to understand it and deliver healthcare."

### Impact Consulting LLC Lucy Sorrentini, CEO

Lucy Sorrentini's career has been devoted to diversity and fairness, beginning with her tenure at Booz Allen Hamilton, a global management and technology consulting firm, where she was the chief diversity leader, and most recently as the founder and CEO of Impact Consulting LLC, a boutique talent and consulting company.

"It's an incredible passion and commitment of mine, not just because I'm a woman and a Latina but because I'm a human being and I just believe in fairness, equity and social justice," she said. In April, Impact Consulting will be celebrating its eighth anniversary. It has grown from a three-person staff to 20 consultants, coaches and trainers of diverse backgrounds, experiences, and perspectives, who span five generations.

Sorrentini scaled up the operation because of the burgeoning demand for diversity, equity and inclusion consulting that's occurred since the murder of George Floyd. She said: "Companies are being a lot more intentional, not only doing what is required from a compliance perspective, but what is necessary to create cultures where everyone can get ahead and have access to opportunities."

*Continued On Page 10*



Left to Right:: Deborah Visconi of Bergen New Bridge Medical Center and Corethia V. Oates of Morgan Stanley.

Cover Image: John O'Boyle Photography



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# Human Resources

*Continued From Page 8*

Corporations recognize that DEI is a “must-have, if an organization or a business wants to succeed,” Sorrentini said. In her initial meeting with clients, she asks what matters most and what is most concerning. “It immediately establishes trust and credibility,” Sorrentini said, adding that political pressures around the issues have made it very polarizing. “Many leaders are uncomfortable having the conversation. They don’t know how to do it and don’t want to make a mistake.”

Impact Consulting often conducts a workplace culture assessment, delving deep with surveys, focus groups and reviewing data analytics to get a picture of a company’s DEI maturity level. Sorrentini said her firm has developed proprietary programs and standards that can be customized for specific industries. “We become an extension of their teams many times,” she said, adding “that first and foremost is caring for the client and a commitment to the topics and to create change.”

## IntuAction Coaching

Michele Brown, *President*

Michele Brown brought 25 years of corporate experience to IntuAction Coaching when she founded the talent management and consulting firm in 2007. At its core the business focuses on leadership development. But it has also always offered skills training, workshops and consulting in diversity, equity, and inclusion.

Since the tragic 2020 killing of George Floyd in Minneapolis, Brown said “the call to action around diversity has been paramount.” Many employees – people of color, different

genders, and different sexual orientations – felt they were not being heard “and organizations with a conscience started reaching out to us,” she said.

Her clients fall into two categories: Those who are scratching their heads because they know they need to do something, but do not know where to start; and those who have strong initiatives in place and want to make certain they are sustainable and can show a measurable transformation.

---

***“Many leaders are uncomfortable having the conversation. They don’t know how to do it and don’t want to make a mistake.”***

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For the former group, Brown and her team devise a DEI framework with a strategy implemented within a task force inside a company’s human resources office, or sometimes an independent department entirely. In the latter case, the team meets with the company’s leadership to make certain their investment is returning genuine behavioral changes that can be measured. Brown uses surveys and evaluations to determine the levels of satisfaction, engagement, and fairness within a company. Another key factor is the level of advancement among under-represented groups. Data collected from a company reflects its progress and indicates where a course correction is needed.

Brown delves into how a company recruits talent and suggests connecting with historically black universities and colleges for candidates. Her team is also certified in conducting psychometric assessments. These tests are used to filter candidates for the type of personalities and behaviors that will help companies reach their goals.

Often Brown will start with a “listening tour” with a firm’s leadership team. With one client, Brown said it was a cathartic session when she asked the executives to discuss their own upbringings. Their conversation was a breakthrough that fueled a leadership transformation.

## Morgan Stanley

Corethia V. E. Oates

*Vice President, Senior Portfolio Manager*

An experienced professional in the financial industry since 1995, Corethia V.E. Oates acquired her securities license in 1998 and started at Morgan Stanley Dean Witter in 2000. She believes that only God would bring her into an industry that does not typically represent her. “It’s not just business, it’s personal,” said Oates, who takes a highly personalized holistic financial planning-based approach to help her clients successfully realize their financial dreams and goals.

Oates was raised in a predominantly white Essex County suburb. One of her heroes is her grandmother, a dedicated Christian who read the Bible at least six times in her lifetime and founded two churches. As a financial advisor and senior portfolio manager, Oates leans heavily on her Christian beliefs and values to drive her actions. Her guiding principle; Ephesians 6:7-8, which gives her a higher standard to aspire to than any regulatory responsibility her licenses require. She is also keenly aware that by her very presence in a meeting, a board room or anywhere, she could be the only example of a Christian, African American woman they may meet. “My whole life is affected by Diversity, Equity and Inclusion. I do not have the luxury of hiding who I am or Whose I am. I don’t have to enumerate it,” she said.

Many of her clients seek her out because she may look like them or they may be like-minded. In response, she is fully dedicated to them. “I take all my responsibilities very seriously,” she said, explaining she strives for excellence as a reflection on her community and background.

She was one of CIANJ’s first “Ambassadors” over 20 years ago when the business advocacy organization had a committee expressly designed to have members promote Commerce and Industry of New Jersey’s philosophy of free enterprise to help NJ be a better place to do business, work and live. It also was formed to expand the membership base. Oates went on to establish the Bergen County Black Business Network within the CIANJ and most recently she joined the organization’s board of directors. She is also a former board member and founding program chair for the Women’s Institute of Bergen Community College’s Mentor Program. 🍷



Cover Image: John O'Boyle Photography

L-R: Michele Brown of IntuAction Coaching, and Lucy Sorrentini of Impact Consulting.





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# Bergen New Bridge Partners with Insera

By Diane C. Walsh  
Editor, COMMERCE

**I**nserra ShopRites are redefining what it means to be a “supermarket” with the opening of primary care offices in its Wallington and New Milford stores, plus plans to expand the service to other stores soon.

The new CareRite Now centers were created in a unique partnership between the family-owned Insera Supermarkets and Bergen New Bridge Medical Center, the state’s largest hospital located in Paramus.

Larry Insera, Jr., CEO and chairman of the board of Insera Supermarkets, said the new medical care facilities will ensure that the community has convenient access to quality health-care in his stores. “Plans are underway for our dietitians and nutritionists to collaborate with Bergen New Bridge and CareRite Now providers to create programs, offer education, and more to improve the quality of life for the members of our community.”

“We took two different, but like-minded organizations and we got together to develop something that is going to be unique in our industry,” said Ron Onorato, President & COO, Insera Supermarkets. “Bergen New Bridge has given us an opportunity to give back in a big way to the community we serve and to those who come here weekly to shop.”

The partnership developed in the early stages of the pandemic when Deborah Visconi, president and CEO of Bergen New Bridge, reached out to Insera to offer the latest information and updates on the deadly Covid-19 virus and the vaccines being used to combat it. Both Visconi and Insera are also members of the board of directors of Commerce and Industry Association (CIANJ), a business advocacy organization based in Rochelle Park.

Their conversation led to exploring ways in which they could collaborate. Ultimately, Insera offered Bergen New Bridge space that was vacated by pharmacies no longer operating in their stores.

Insera renovated the spaces for New Bridge Medical Center’s needs, creating waiting areas and private care offices. “Everyone loves ShopRite. Now you have a beloved health-care provider in your beloved supermarkets,” Visconi said.

The CareRites will be staffed with nurse practitioners, physicians, and other employees from New Bridge Medical Center. They will provide sick and wellness visits, point of care testing, vaccinations, lab testing and blood draw services.

Beth Schachtele, the practice manager, who has been overseeing the Wallington office, said the services were already expanded to include school physicals on the request of a

mother, who could not find an appointment anywhere else.

She said the Wallington CareRite completed the physical quickly for the teenager. “It worked

out beautifully. This is exactly what we’re here for,” Schachtele said.

Visconi said the CareRites further “our commitment to the community needs assessment



Deborah Visconi, CEO of Bergen New Bridge Medical Center, (middle) cuts the ceremonial ribbon with La CareRite in New Milford.



# Inserra Supermarkets to Create CareRite

as we continue to lead the way in healthcare access by bringing compassionate, quality care to our neighbors when, where, and how they need it.”

At the ribbon cutting for the Wallington office, Visconi applauded her partners. “I am so grateful to Larry Inserra, Jr. and the entire Inserra family as well as to my team who helped

make our first CareRite Now the model of community convenient care.” She said the primary care offices “will have an immediate positive wellness impact on Wallington and its surrounding communities.”

Bergen County Executive James Tedesco joined in the opening ceremonies at the Wallington store also. He said: “We are expanding what we do to help make a difference in people’s lives by providing access to healthcare right here in the community. People all over this area of the county will now be able to get quality healthcare in their community thanks to the partnership between Bergen New Bridge and Inserra Supermarkets.”

“Good health outcomes are not possible without good nutrition, and they are not possible without partnerships like this one,” said Bergen County Board of Commissioners Chair Tracy Zur. “The bottom line is that this is going to be a game changer to bring healthcare where it is needed and to bring nutritional guidance to those who need it most.”


The Wallington office was opened late in November, followed quickly by another office in the New Milford ShopRite. Bergen New Bridge and Inserra Supermarkets plan to open four more locations in 2023 in Hackensack, Hillsdale, Lodi, and Palisades Park.

A Community Health Needs Assessment conducted by Bergen New Bridge underscored the need for the facilities.

Visconi said “The Community Health Needs Assessment gave us a very clear picture of what the healthcare challenges are in Bergen County and emphasized the need to provide access to those who are most in need of our care.” The healthcare leader said: “We are committed to breaking down any barriers that stand in the way of our community receiving the healthcare and services they need, when they need them and most importantly, where they need them.”

“Bergen New Bridge and CareRite Now providers will create programs, offer education, and more to improve the quality of life for the members of our community,” Inserra said.

CareRite Now welcomes walk-ins in addition to offering scheduled appointments. The Wallington office is open 11 a.m. to 7 p.m. Mondays, Tuesdays, Thursdays, and Fridays. It will be open from 8 a.m. to 12 p.m. on Wednesdays and Saturdays and is closed on Sundays. The New Milford office has similar hours but it is open on Sunday, instead of Saturday. For more information, visit [www.newbridgehealth.org/carerite-now](http://www.newbridgehealth.org/carerite-now) or call 551-305-6701.

The center accepts self-pay, all major insurance plans, Medicare, and Medicaid and has multi-language capabilities. In recognition of the ethnic communities in Wallington, Polish interpreters will be available also. 



Larry Inserra Jr., CEO of Inserra Supermarkets, (wearing blue suit) at the opening of the new



# Cardiac Care Roundtable: Advancing New Treatments

Compiled by Diane C. Walsh  
Editor, COMMERCE

**T**he Centers for Disease Control and Prevention identifies heart disease as the leading cause of death for men, women, and people of most racial and ethnic groups throughout the United States.

About 697,000 people across the country died from heart disease in 2020 – that's one in every five deaths. Each February the nation turns a spotlight on this No. 1 killer.

President Lyndon Johnson, who was among the millions of Americans who suffered heart attacks, was the first to issue the proclamation making February American Heart Month in 1964. Since then, it's a tradition this month to focus on heart health and promote the latest achievements in overcoming the disease.

In New Jersey our leading hospitals are dedicated to cardiac care and advancing better ways to diagnose, treat, and alleviate the suffering from heart disease. COMMERCE Magazine asked them to discuss their latest innovations in care.



## Atlantic Health System

Linda D. Gillam,  
MD, MPH, MACC,  
Dorothy and Lloyd Huck Chair,  
Medical Director,  
Cardiovascular Service Line

As the leading provider of advanced cardiac care in our state, Atlantic Health System's Morristown Medical Center continues to develop innovative techniques, forge strategic partnerships, and continue critically important community education and outreach. Our Gagnon Cardiovascular Institute has more than 200 private rooms and we continue to expand our programs both in volume and scope. In electrophysiology, for example, we are working on perfecting a technique called left bundle branch area (LBBA) pacing. Potential benefits include improved left ventricular ejection fractions and reductions in end systolic and end diastolic volumes. So far, we have treated more than 200 patients with LBBA pacing and achieved excellent results. Our Heart Failure (Success) Program treats all types of heart failure with medications, devices and even heart transplant through our clinical partnership with NYU Langone Health, giving patients in NJ access to a renowned transplant program with the shortest wait list times and the best outcomes in the Northeast. We are proud to continue in our efforts to support

educating the public about the importance of learning CPR, and how to use an AED to help save lives.



## Bergen New Bridge Medical Center

Dr. Irfan M. Adamani, MD, FACC  
Chief of Cardiology

Bergen New Bridge Medical Center provides comprehensive cardiovascular care including diagnostic echocardiography, vascular ultrasound imaging, exercise stress testing and cardiac stress imaging.

The Medical Center has made significant advances in cardiac imaging in recent years, and we look forward to further advancing our imaging with cutting edge technology and remote patient monitoring. Some of the other key advances Bergen New Bridge has made are the implementation of technologically advanced electronic medical records to provide physicians with the necessary metrics to increase value-based care.

The Medical Center will be looking to undertake improvements in chronic care conditions. The treatment of risk factors for coronary artery disease will be a key focus for not only cardiology but all clinicians at the hospital. With the expansion of our bariatric services, medical weight management is another area Bergen New Bridge is targeting for risk factor management.

Bergen New Bridge will continue to provide advanced cardiac care to the communities we serve. Our mission is to provide technologically advanced compassionate care to everyone we treat.



## CentraState Healthcare System

Jatinchandra Patel, DO,  
Medical Director of  
the Cardiovascular  
Interventional Laboratory

CentraState Medical Center is now performing emergency angioplasty, also known as emergency PCI (percutaneous coronary intervention). The ability for us to perform emergency PCI locally in Freehold will significantly improve time to treatment, allowing patients who show signs of a heart attack to get immediate care in our new, state-of-the-art catheterization laboratory, rather than transferring to another hospital.

Emergency angioplasty allows us to preserve heart muscle by quickly restoring normal blood flow with a minimally invasive procedure where a thin, flexible catheter is inserted through the wrist or groin and threaded through the arteries of the heart. A balloon is inflated to open the blocked arteries of the heart, and in the majority of cases, stents are inserted. Research has proven that

*Continued On Page 16*



Centre State Healthcare System employees show off their modern cath lab.





**WE CARE WITH  
ALL OUR HEARTS,  
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When it comes to matters of the heart, at Hackensack Meridian *Health*, we're ready. With world-class cardiovascular physicians and the latest revolutionary procedures, we're here for everything from screenings and emergencies to advanced heart failure. And we care with all our hearts for the well-being of every patient. Learn more at [HMHhasHeart.com](http://HMHhasHeart.com).



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**KEEP GETTING BETTER**



**SCAN HERE FOR HEART MONTH EVENTS, SCREENINGS & TO FIND A DOCTOR.**



Continued From Page 14

patients have the best chance of recovery if their arteries are opened within 90 minutes after a heart attack.

This is a major milestone for CentraState, but more importantly a tremendous benefit for the community we serve. Our team has been working diligently to achieve this designation so that patients who need this higher level of cardiac care can get it right here, potentially saving lives.



**Englewood Health**  
Dr. Samuel Suede, MD  
Chief of Cardiology

At Englewood Health, we offer the latest cardiac technology that enables a wider range of patients to forego open heart surgery in favor of minimally invasive techniques. One major innovation is transcatheter aortic valve replacement (TAVR), a valve replacement procedure for patients with aortic stenosis.

Englewood Health was one of the first hospitals in the country to begin offering TAVR. To date, we've performed over 1400 TAVR procedures. In recent months, we've also begun offering patients access to the Evolut™ FX TAVR System – fourth generation TAVR technology that enhances our ability to treat patients with varying valve anatomies.

Another important advancement is the Watchman device, a permanent heart implant that reduces the risk of stroke in atrial fibrillation patients without the use of blood-thinning medications.

This year marks a decade since Englewood Health performed northern New Jersey's first Watchman implant. Today, we continue to pave

the way in utilization of the device and recently passed an important milestone: 300 Watchman FLX implants – the latest generation of Watchman technology. We are the first hospital in New Jersey to hit this mile-marker.

Our early adoption of these minimally invasive technologies has allowed us to offer patients better outcomes, shorter hospital stays, and quicker recoveries.



**Hackensack Meridian Jersey Shore University Medical Center**  
Dr. Jesus Almendral, MD, FACC  
Medical Director,  
Advanced Heart Failure Program

We opened Monmouth and Ocean counties' first specialized, comprehensive Pulmonary Hypertension Center. Pulmonary hypertension is a serious, underdiagnosed disease. It is a type of high blood pressure present in the lungs and typically impacts older adults. Symptoms include shortness of breath and difficulty being active, chest pain, feeling faint or complete fainting, and heart failure symptoms, such as swelling in the ankles and legs. Early diagnosis and treatment is important, as symptoms can become more serious and life-threatening.

Our center's multidisciplinary team, co-lead by Eric Costanzo, D.O., our medical director of Medical/Cardiac Intensive Care Unit; Pulmonary and Critical Care Fellowship Program, comprises of cardiologists, rheumatologists, dietitians, pharmacists, specialized nurses, rehabilitation professionals, diagnostic imaging techs and other clinicians collaborating to provide patients with appropriate therapy with medications as well as interventional and surgi-

cal treatments. This approach allows us to accurately diagnose the cause and severity of the disease so that we can customize an effective plan of care for our patients. This includes pulmonary and cardiac rehabilitation to improve the efficiency of the heart and lungs as well as guided support for patients to make lifestyle changes, including adding proper nutrition to their diet to better manage their well-being.



**Hackensack University Medical Center**  
Dr. David Landers, MD  
Interim Director of the  
Division of Cardiology

They say that seeing is believing. This couldn't mean more than when doctors are able to visualize the health of a heart.

By offering a trio of screening and advanced cardiac imaging tests, Hackensack Meridian Health is empowered to do just that. The tools, AngioScreen, CT Calcium Scoring scans and HeartFlow analysis, quickly and precisely detect narrowed or blocked arteries that can lead to a heart attack or stroke without invasive procedures. Since cardiovascular disease is the top killer of both men and women in the United States – and sometimes symptomless despite its presence – this is powerful knowledge.

## AngioScreen

In just 15 minutes, AngioScreen screens for heart and blood vessel disease by blending several distinct screenings and measurements to identify risk of heart attack or stroke.

## CT Calcium Scoring

A CT Calcium Scoring scan is a quick 10-minute scan performed at an imaging center that can help identify hardened plaque in the arteries.

## HeartFlow

HeartFlow builds on results from cardiac CT scans that yield concerning results, generating more detailed 3-D images of a patient's coronary arteries to reveal the risk of a heart attack over the next five years.

For more information on these innovative tests or to schedule an appointment, visit [HMHHasHeart.com](http://HMHHasHeart.com)



**Holy Name Medical Center**  
Dr. Tariqshah Syed, MD  
Chief, Cardiology

Holy Name's cardiology experts provide high-quality heart care using state-of-the-art technology and techniques. Our outstanding team addresses cardiovascular issues that range from the common to the complex, including heart rhythm disorders, artery blockages,

Continued On Page 18



Expansion of diagnostic screening technology provides doctors with many options for visualizing the heart.



# The gold standard in stroke care



## **PROVIDING AWARD-WINNING TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES.**

Saint Peter's University Hospital has earned the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award. Saint Peter's is also certified as an advanced primary stroke center by The Joint Commission, demonstrating that the hospital has consistently met quality metrics and provided some of the best evidence-based care for its stroke patients.

**For more details on our award-winning stroke care, visit [saintpetershcs.com/stroke](http://saintpetershcs.com/stroke)**



***Safely treating you better...for life.***

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Continued From Page 16

and structural heart problems that require life-long support. U.S. News & World Report recently recognized Holy Name as a high-performing center for the treatment of heart failure.

An area of rapid expansion is interventional cardiology, utilizing non-surgical, catheter-based procedures to assess and treat blockages of the heart's arteries. Almost all cardiac catheterizations and angioplasty/stent procedures at Holy Name employ the radial artery approach to the heart, through the wrist, which is more comfortable for patients and enables them to recover quicker. Our cardiologists' expertise also includes treating structural and congenital heart disease, peripheral vascular disease, and blood clots in the lungs using state-of-the-art non-surgical therapies, including EKOSTM and PENUMBRA®. Our electrophysiologists use cardiac ablation and cardioversion procedures to treat atrial fibrillation and other arrhythmias.

Holy Name's cardiac catheterization labs are undergoing extensive renovations equipping them with latest-generation technology and allowing for more flexibility in using them for cardiovascular and neurovascular procedures. Cardiologists at the Holy Name Institute for Clinical Research are evaluating new ways to treat and prevent coronary artery disease, heart failure, and heart attacks.

Patients who are recovering from a cardiac procedure or condition or simply desire to maintain heart health will find comprehensive exercise and lifestyle management programs at Holy Name's Cardiac Rehabilitation Center. Anyone who is experiencing a heart emergency should seek immediate evaluation at Holy Name's Emergency Department.



## Saint Peter's University Hospital

Dinesh K. Singal, MD, FACC, FACP, FSCAI  
Medical Director, Cardiac Catheterization Laboratory

Angioplasty is a decades-proven procedure that increases life-sustaining blood flow to the heart when coronary artery disease has blocked the vessels that feed it. Guided by sophisticated imaging, a thin, flexible tube is threaded through the bloodstream to deliver powerful intervention, right at the site of the blockage with small balloons and stents.

Elective angioplasty, along with diagnostic cardiac catheterization, are advanced cardiac care procedures that help reduce chest pain and, in many cases, increase survival rates. Used as a preventive measure, elective angioplasty results in less heart muscle damage, a faster recovery and an improved quality of life.

Saint Peter's University Hospital recently performed its 100th elective angioplasty/elective percutaneous coronary intervention (PCI) after having become licensed to perform the procedure in December 2021. Saint Peter's has been successfully performing emergency angioplasty for more than a decade.



## St. Joseph's Health

Dr. Fayez Shamoon, MD, FACC, FACP, FSCAI  
Chairman, Department of Cardiology

With a long history of performing advanced and innovative cardiac care, St. Joseph's Health is a leader in

the treatment of heart disease. As one of the first in the state to provide cardiothoracic surgery, both in adult and pediatric patients, St. Joseph's is also pioneering several new cardiac techniques and services, including a new Structural Heart Disease Program, designed to address defects in heart valves, walls, or chambers. For years, structural heart diseases were treated with open-heart surgery, but now less invasive approaches (such as transcatheter valve replacement and percutaneous valve replacement) are available for patients at a medium to high-risk for open-heart surgery. Other innovative techniques include the MitraClip™ heart procedure, which is a new, minimally invasive approach designed to fix the mitral valve and restore normal blood flow through the heart. During the procedure, St. Joseph's doctors access the mitral valve with a thin tube (called a catheter) that is guided through a vein in your leg to reach your heart. A small implanted clip is then attached to your mitral valve to help it close more completely.



## The Valley Hospital


Dr. Gerald Sotsky, MD  
Chair of Cardiac Services for Valley Medical Group, and Director of the Cardiovascular Service Line for The Valley Hospital

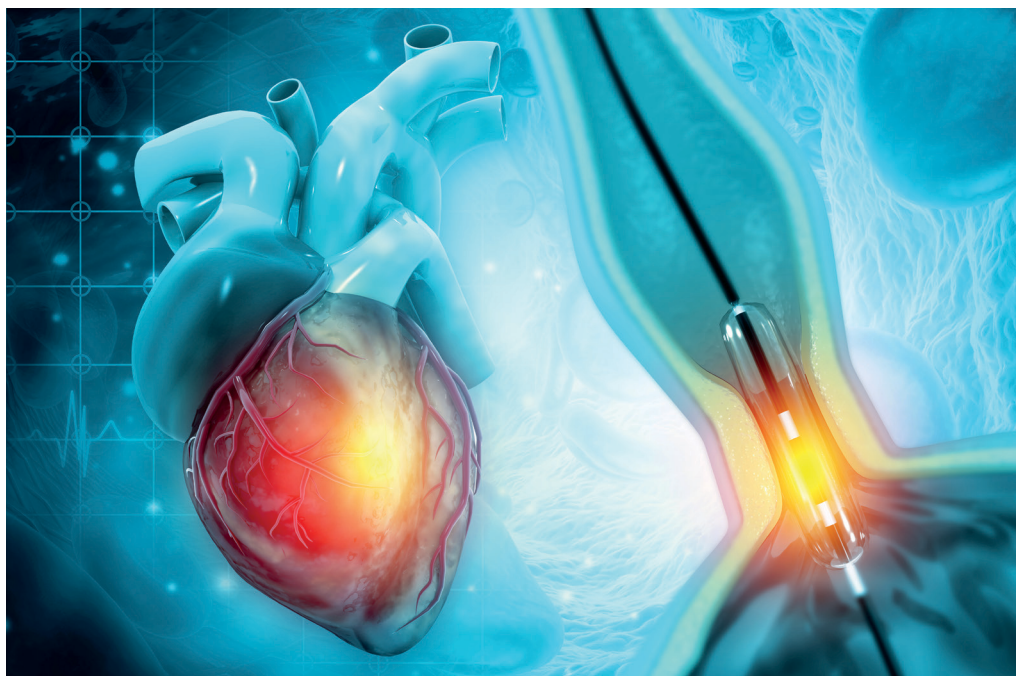
The Valley Heart and Vascular Institute at The Valley Hospital offers patients a full scope of cardiac services, advanced treatments, and a world-class team of specialists. Through Valley's alliance with Cleveland Clinic's Heart, Vascular & Thoracic Institute, patients have access to a built-in second opinion as our cardiologists collaborate on complex cases and care plans with providers at Cleveland Clinic.

Our team of specialists' advance patient care by introducing the latest technology for patient care. Our cardiovascular imaging program uses a non-invasive imaging technology to evaluate coronary artery disease. This technology uses the latest computed tomography (CT) technologies, artificial intelligence (AI) algorithms, and expert interpretation.

Additionally, Valley's Structural heart team has improved transcatheter aortic valve replacements procedural efficiency, safety, and clinical outcomes, through the adoption of new technologies, including the Edwards Lifesciences SAPIEN 3 Ultra RESILIA Transcatheter Heart Valve and OpSens Medical SavvyWire™.

Our cardiac surgery team is expanding surgical offerings by introducing new procedures, the most recent being the Ross procedure, an advanced surgical technique for aortic valve replacement, particularly in young adults.

To continuously explore innovative approaches to care, new medical therapies, or breakthrough procedural techniques, Valley's cardiologists also participate in numerous groundbreaking research and clinical trials. 



Interventional cardiology, utilizing non-surgical, catheter-based procedures to assess and treat blockages of the heart's arteries, reduces healing time.





# CareRite Now

## Bergen New Bridge Health

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**201.967.4233**

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[NewBridgeHealth.org/CareRite-Now](https://NewBridgeHealth.org/CareRite-Now)



# Valley Health Expands Access

## \$652,000 Equity Grant Awarded

**V**alley-Mount Sinai Comprehensive Cancer Care will be able to provide greater access to its clinical trials thanks to a grant awarded by Becton, Dickinson and Company that targets diversity, equity and inclusion.

Over the next three years, the cancer care center will receive a \$652,000 grant from BD, the Franklin-Lakes based global medical technology company. It is designed to help fund diversity, equity, and inclusion (DEI) interventions that will increase access to clinical trials and leading-edge healthcare opportunities for underrepresented patient populations, including racial and ethnic minority groups.

In August 2021, Valley Health System was selected as one of 75 research sites nationwide to participate in a pilot project, launched in collaboration between the American Society of Clinical Oncology (ASCO) and the Association of Community Cancer Centers (ACCC), which focused on increasing racial and ethnic diversity in cancer clinical trial participants. The goal of this pilot project was to establish strategies and solutions to increase participation in cancer treatment clinical trials, particularly among individuals from historically underrepresented racial and ethnic communities.

As a participating research site, Valley conducted a site self-assessment to identify any policies, procedures, or programs that may affect which patients are screened for and offered a clinical trial. Research and care team members also underwent implicit bias training to acknowledge and mitigate bias that may affect which patients are offered clinical trials.

"I am proud of Valley's participation in the ASCO and ACCC pilot program, but I am even prouder of the steps that our teams are taking to implement change and improve DEI in our cancer clinical trials," said Taja Ferguson, Director of Valley's Okonite Research Center.

Using the knowledge gained from participation in this pilot program, Valley has drafted the Oncology Program Clinical Trial Diversity Initiative, which includes several internal interventions that, when acted upon, will enhance clinical trial recruitment and ensure participation of underrepresented groups in cancer clinical trials is achieved. Interventions include a ride share program, health literacy and awareness campaigns, expanded eligibility criteria, relationships with faith-based organizations, creation of a community needs assessment and patient-friendly navigation system, and increased use of telemedicine technologies.

"When we accepted the invitation to participate in the pilot program, our intention was to learn as

much as we could and use this knowledge to build upon the tools provided to us," said Ephraim Casper, MD, FACP, Chief Medical Officer, Valley-Mount Sinai Comprehensive Cancer Care. "Now, with a grant provided by BD, we are beginning to see our hard work take shape."

"As a global organization, we recognize that we have a responsibility to drive critical improvements across the healthcare system that help enhance outcomes, improve safety, and expand access to quality care," said Bill Sigmund, Executive Vice President and Chief Medical Officer, BD. "We know that cancer is a disease that disproportionately impacts people of color because often, they face disparate access to routine screenings. With this grant from BD, we are proud to support Valley Health System and The Oncology Program Clinical Trial Diversity Initiative in doing what is right to further address health inequities in clinical trials."

The Oncology Program Clinical Trial Diversity Initiative is slated to roll out over the course of the next five years.

### Universal Results From a Successful Pilot Project

With pilot testing now complete, ASCO and ACCC have released novel strategies and practical solutions with oncologists nationwide to increase the participation of underrepresented racial and ethnic populations in cancer treatment trials.

Published in the Journal of Clinical Oncology, an ASCO-ACCC research statement titled, "Increasing Racial and Ethnic Diversity in Cancer Clinical Trials: An American Society of Clinical Oncology and Association of Community Cancer Centers Joint Research Statement," details specific actions to engage the entire cancer clinical

trial ecosystem in expanding the participation of underrepresented individuals in research that advances progress against cancer. The recommendations summarized in this statement focus on key areas that address barriers to cancer clinical trials including, access to clinical trials; equity focused design; partnerships among stakeholder groups; continuous education and training; equity, diversity, and inclusion investment; and sharing data and strategies.

ASCO and ACCC also jointly released the *Just ASK™ Increasing Diversity in Cancer Clinical Research: An ACCC-ASCO Training Program* and the *ASCO-ACCC Equity, Diversity, and Inclusion Research Site Self-Assessment*. Both the Just ASK™ Training Program and Site Self-Assessment were revised based on feedback from the 75 research sites who participated in the Pilot Project.

The Just ASK™ Training Program is an online implicit bias training program available for all members of a research team. The Program consists of five interactive modules that present the broader context of structural and systemic racism, the role of implicit bias in clinical trial selection, vignettes with real-world examples of implicit bias, and guidance for mitigating disparities in cancer research settings.

The Site Self-Assessment is a quality improvement tool that helps clinical trial sites and research teams identify opportunities to improve EDI in clinical trials while doing an internal review of existing policies, programs, and procedures. Completion of the Site Self-Assessment enables sites to identify opportunities for improvement.

These resources are free to the research community. ASCO and ACCC plan to continually enhance and expand upon these resources using feedback from the community as a guide. 📌



The ASCO and ACCC program will gather data to track how racial and ethnic diversity affects cancer patients.

Photo: Getty Images/Stockphoto/grodenkoff





## Delta Dental of New Jersey Believes Everyone Deserves a Healthy Smile!

February is National Children's Dental Health Month. If you have youngsters in your life, be sure to schedule them for their dental check-ups!

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# Infrastructure Act Will Boost NJ Business – and Quality of Life



By Gary Dahms  
President and CEO  
T&M Associates

**T**hough we have made great strides in strengthening the economy since the peak of the pandemic, ongoing inflation and fears of a recession are making it difficult to be optimistic about 2023.

But when it comes to the federal government's investment in infrastructure, both here in the Garden State and throughout the nation, the outlook is bright. We are overdue for some help, and that help is now on the way.

### What the IIJA Means for NJ

Through the bipartisan Infrastructure and Investment Jobs Act, which was signed into law in November 2021, Congress has authorized about \$1.2 trillion in much-needed spending. You may have seen headlines about the billions of dollars New Jersey can expect – but I don't recommend we get hung up on specific figures. Based on numerous factors, including how the Act is interpreted and how funds are prioritized and allocated, dollar numbers may change. There are many unknowns, but the key take-away is that the federal government is making a big investment in our infrastructure – in addition to the money that already exists from the Transportation Trust Fund and Department of Transportation budget.

We can certainly use the help. More than 500 New Jersey bridges and thousands of miles of roadways are considered in poor condition. New Jersey will also benefit from investments in projects to build our resilience against climate change and cyber-attacks; to eliminate lead water service lines and ensure every resident can receive clean drinking water; to increase access to charging stations for electric-vehicle travelers; and to strengthen our bustling airports and mass transit systems.

The challenges with our decrepit roads and bridges are not new, nor are they merely a state-wide problem; this is a national issue. The Act is the largest investment in infrastructure since the construction of the Interstate highway system under President Eisenhower, which began in the 1950s. The useful lifespan of most infrastructure is about 50 years. And of course, our highway system was built to different

standards, during an era when fewer cars and trucks were on the road. Here in New Jersey, our 39,000 miles of public roads get a rigorous daily workout. The state's population has grown by about a third since the 1960s, and Port Newark-Elizabeth Marine Terminal is among the busiest in the nation. Increased port capacity and urban development – in Hudson County, for example – have further increased the strain.

### How the Dollars Will Flow

As I noted, many details are still forthcoming. But we can expect similarities to state and federal infrastructure and transportation programs of the past. For each year of funding, states, counties, and municipalities will have three years to allocate dollars to a project and five years to spend them, which means that this six-year investment will actually stretch to about 14 years' worth of work. We have a very busy decade ahead of us.

Unlike American Rescue Plan funding, which flowed to states directly, this program will require administrators to identify areas of need and apply for grants or reimbursement funds, carefully tracking every dollar – but this is not a new concept. Throughout the state, officials are already hard at work developing plans on how the money might be invested, depending on the amounts eventually allocated. As I mentioned in a previous issue of Commerce, we are living in the era of the Great Resignation; ensuring that we have the right people and enterprises in place to administer these funds, not to mention performing the necessary work itself, will be challenging. It will require planning, patience, and collaborative teamwork.

And yet, I am confident we'll get it done. When the public and private sectors come together, with the government drawing on the significant expertise and resources of engineering firms and other experts to lead big projects, extraordinary things happen. We saw it in London with the 2012 Summer Olympic Games, and we are seeing it here in New Jersey with the Northeast Corridor Gateway Program, to cite a local example.

### Economic Benefits for the Garden State

Infrastructure projects are a boon to New Jersey businesses and our economy – but also to our health and quality of life. Look at projects like the new Terminal A development at Newark Liberty International Airport, the largest design-build project in state history, which will generate more than \$4.6 billion in economic activity while supporting the Port

Authority's objective of reducing greenhouse emissions from its facilities by 80 percent by 2050. As we continue to read headlines about climate change and its possible impact on severe storms, such sustainability goals are vital.

But investments in our infrastructure also help us weather storms of the economic variety. We all remember the challenges of the economic recession of 2008 and 2009. But a \$2.7 billion widening of a section of the New Jersey Turnpike helped ease the sting, generating about 18,000 construction and ancillary jobs while easing pressure on an estimated 680,000 daily commuters.

In a similar fashion, this "recession-resilient" influx of funding will be a blessing for New Jersey throughout the coming years. While we aren't yet certain what the dollars will look like, what we can reliably expect is multi-year boost to the economy, creating jobs, paying salaries, and fueling growth into 2030 and beyond.

Just as importantly, these projects will further the state's environmental goals and improve the lives and overall wellness of New Jerseyans. Improvements to our mass transit systems and electric vehicle-charging capabilities will result in fewer gas-powered cars on the roads and less pollution in the air. A decrease in commuting hours and traffic jams means less frustration and more valuable time spent with family. And the health benefits of removing lead from our drinking water are indisputable.

I realize that traffic cones and construction workers on the roadways are not always a welcome sight. But we should all celebrate the fact that our aging roads and bridges are getting a necessary overhaul, and that New Jersey is receiving a helpful economic boost when we need it most. As we continue to move beyond the pandemic and toward a better and brighter future for the Garden State, I'm excited about our next steps. 🍷

*Gary Dahms is the president and CEO of T&M Associates, a leading national consulting, engineering, environmental, and technical services firm headquartered in Middletown. He also serves as 1st Vice Chair of the New Jersey Chamber of Commerce and chairs its Transportation Committee.*





# Great Leaders Own Their Mistakes

By Steve Adubato, PhD  
Freelance Contributor



some keys to “owning it” as a leader:

- I’m fascinated by the critical question of “taking responsibility” or as I’ve come to describe it as “owning it!” As leaders, we make lots of mistakes because we’re human beings. But the best leaders understand the need to “own” those mistakes. Following are
- No excuses.** When things go wrong, it is too easy to start making excuses or trying to explain our way out of things. Nobody cares about our excuses. Instead, when you are up front and own the mistake, you can quickly move on and focus on a solution, rather than focusing on the problem.

- You are responsible.** Whether it is a typo in a proposal, missing a deadline or some other way a team member fell short, as the leader of your team, you are responsible and you must “own it” with the key stakeholder or client and communicate specifically how you are going to make things right.
- Regroup with your team.** Once you have set things right externally, a very candid conversation needs to take place with your team about what went wrong, why it happened, who “owns” it and what must be done (by when) to make sure the “mistake” is not repeated.


- Share the credit when things go well.** While leaders must take responsibility when things go wrong, they must also share the credit when things go right. This not only makes individuals feel valued, but it sends the message to the entire team that you appreciate their efforts.
- Taking responsibility is a sign of strength.** Too often, leaders perceive admitting one’s mistakes as a sign of weakness, which couldn’t be further from the truth. It is the strongest leader who takes full responsibility for his actions, words, and mistakes. 



Photo: Getty Images/Stockphoto/howtophoto

Steve Adubato, PhD, is the author of five books including “Lessons in Leadership.” His sixth book, “Lessons in Leadership 2.0: The Tough Stuff,” will be released in summer 2023. He is an Emmy® Award-winning anchor with programs airing on Thirteen/WNET (PBS) and NJ PBS. He has also appeared on CNN, NPR and NBC’s Today Show. Steve Adubato’s “Lessons in Leadership” video podcast with co-host Mary Gamba airs Sundays at 10:00 a.m. on News 12+. For more information visit [www.Stand-Deliver.com](http://www.Stand-Deliver.com)

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# Agree to Grounds Rules for Productive Planning Meetings



By Joseph P. Truncale, Ph.D.  
Contributing Editor

**F**acilitating countless strategic planning meetings for businesses large and small has taught me many positive lessons. Among them is the power of starting out with

an agreed upon set of meeting ground rules. Getting agreement on how the meeting will be organized and implemented can pave the way for better engagement and productivity.

Over time, I've developed a comprehensive list of meeting ground rules. Here are five of the most popular:

1. **Say what you think and feel:** This is no time to be bashful. The planning process will come far short of the intended outcome unless everyone is forthright and direct. The meeting room should be a safe environment and ideally, away from the workplace where day to day distractions can break concentration and focus. Frankness and honesty with an equal measure of tact and diplomacy are the order of the day. Bryce Hoffman's excellent book "Red Teaming" can be an excellent resource here.



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Agreed-upon rules contribute to a successful, productive meeting

2. **One person talks at a time:** I have worked with groups willing to experiment with higher numbers, but the best results come when one person has the floor and can convey their thoughts completely and without interruption. We've all experienced meetings where two people pair off in conversation, seemingly intent on having their own meeting. They seem to think that no one notices or cares. Not so. This is disruptive, disrespectful, and annoying. A skilled facilitator will ensure that each participant will have an opportunity to offer their thoughts and ideas in concise and balanced way.

3. **Everyone participates, no one dominates:** For planning to be effective, it is essential for the group to come together as colleagues. This means you will need to check your title at the door (and yes, this includes the owner, president, CEO, etc.). Everyone is expected to listen and to participate actively in the process, and no one's thoughts, ideas, suggestions, or recommendations are inherently more worthy based simply on title or position.

4. **We will have the meeting here and now:** Too often, teams seem to reach consensus, the meeting ends and then later on, the real meeting starts. This is usually attended by a smaller sub-set of the group who only then speak openly and honestly, mostly about the flaws inherent in what was agreed to in the original meeting. This is not the way to a successful outcome. Have the meeting once and bring up issues, opportunities, and obstacles. The meeting will conclude with an agreed upon path forward with responsibilities, expectations and timelines clearly noted.

5. **Be fully present:** Paradoxically, this is probably the most often agreed upon ground rule and the most widely ignored. To be "fully present" participants must limit distractions. This means no texting or checking emails while in session. In fact, there is no need to have smart phones anywhere in sight. Frequent breaks will provide ample time for participants to "check in". Do not underestimate the impact distractions can have on the ability to focus and reach effective decisions. Anticipate

and expect a bit of anxiety here as members suffer withdrawal symptoms that come from shelving their smart phones even for a while.

Whether you utilize these ground rules, modify some or all of them, add to them or create your own, the most important element of adopting ground rules is that the group unanimously agrees to endorse them and adhere to them once the meeting begins. This also means that any participant may call anyone on a ground rules violation ("Hey, Brian is looking at his iPhone!") without fear of retribution from the rest of the group

Of course, having an experienced, skillful facilitator can help ensure that an acceptable list of ground rules is established and followed. Adding necessary structure to the process can bring about a productive, stimulating, and practical outcome.

For more information on preparing for and executing powerful, effective planning meetings, contact me at [joe@ajstrategy.com](mailto:joe@ajstrategy.com).

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*Joe served as Co-Chair of the New York University Board of Advisors and is an adjunct faculty member at NYU teaching graduate courses in Executive Leadership, Financial Management and Analysis, Finance for Marketing Decisions, and Leadership: The C Suite Perspective. He resides in Colts Neck, NJ.*



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