

Capturing the Essence: Development of Regulatory Concept Maps

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Step Two of the Regulation 2030 study is described here and concerns the gathering of experts and the development of concept maps. In this step, the 25 emergent trends identified in Step One of this study were formalized into actionable items that represent future possibilities (both positive and negative). Interpreting these trends for the future and their implications was relegated to experts from around the world. These experts projected what needs to be in place to deliver the trends and identified the impact these trends may have on regulation and the associated health care system.

Regulation 2030 Summit

Regulation 2030 was a 2-day summit that brought regulators and health care leaders from across the United States and around the world to Chicago to envision the future of regulation. The attendees were carefully selected for their knowledge of nursing, regulation, and health care; their diversity; and their leadership. Eighty individuals attended the summit, and represented 8 countries, 17 U.S. states, the District of Columbia, and 2 U.S. territories.

Participants were assigned to eight work groups. Table assignments were made to ensure there were varying expertise and viewpoints in each of the work groups, providing a balanced perspective as attendees familiarized themselves with the 25 emergent trends and became accustomed to the format of the later exercises. After the first few segments, attendees were free to select new work groups in order to explore different subject matter and collaborate synergistically with a new group of people, generating continually fresh ideas. Although an attendee might have been a subject matter expert in a particular area, the format of the summit was designed to encourage cross-pollination of ideas and perspectives.

In the days following the summit, discussion leaders from the eight small work groups each reviewed the completed maps on which they had led a discussion. Map notes (or the maps themselves) were reorganized and consolidated to provide a clear and accurate depiction of each group's discussion and their thoughts for the future.

The efforts put forth by the summit participants and small-group leaders established the foundation for the next groundbreaking step in this process: to analyze the actual content of the 25 concept maps. The following section discusses Step Three—Analysis and priorities: Developing a modern, effective regulatory framework.

Regulation 2030: Concept Maps

Using Visio software, the 25 completed concept maps were transcribed into a digital format. The software permitted map notes to be moved around to better cluster ideas and visualize connections. Once maps had been reformatted in this manner, the small-group leaders were asked to identify higher-order themes by drawing a green box around clusters of notes. The higher-order theme that best captured

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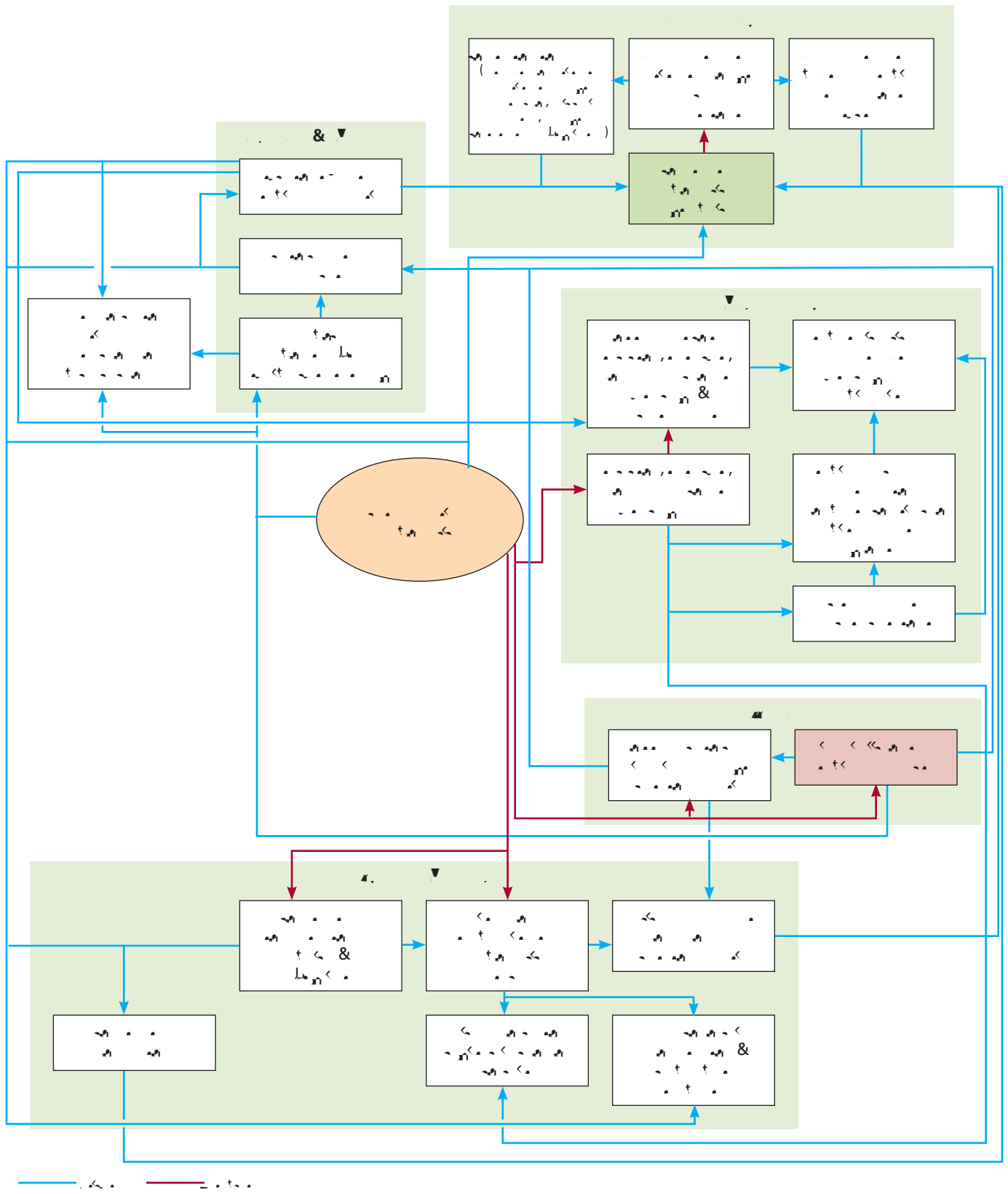


Figure 1: A diagram illustrating the relationship between a nurse and a patient. It features three boxes: a top box with a nurse icon and the text "Nurse", a bottom-left box with a patient icon and the text "Patient", and a bottom-right box with a nurse icon and the text "Nurse". Arrows indicate interactions between the nurse and patient.

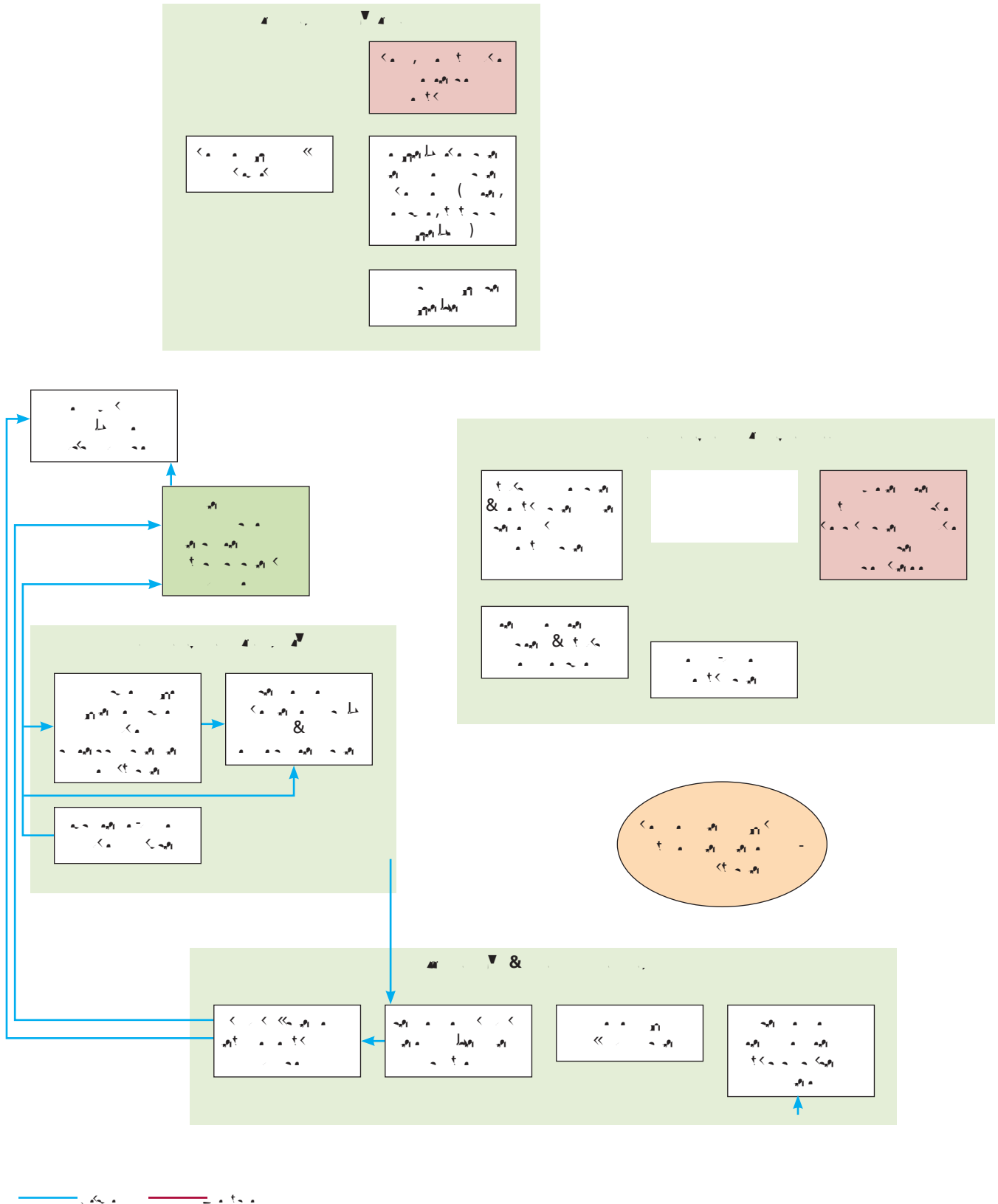
Figure 2: A diagram showing a nurse icon at the top and a large white rectangular box below it, representing a patient's perspective or a specific interaction point.

Figure 3: An orange oval containing a diagram of a nurse and a patient with arrows indicating their interaction.

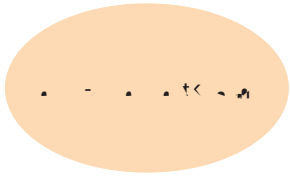
Figure 4: A diagram with three boxes. The top-left box shows a nurse icon and text "Nurse". The top-right box shows a patient icon and text "Patient". The bottom box shows a nurse icon and text "Nurse". Arrows indicate the flow of information or interaction between these elements.

Figure 5: A diagram with six boxes arranged in two rows. The top row contains three boxes: the first shows a nurse icon and text "Nurse", the second (highlighted in red) shows a patient icon and text "Patient", and the third shows a nurse icon and text "Nurse". The bottom row contains three boxes: the first shows a patient icon and text "Patient", the second shows a nurse icon and text "Nurse", and the third shows a patient icon and text "Patient". Arrows indicate interactions between the boxes.

Figure 1. A flowchart illustrating the process of identifying and classifying nursing interventions. The process starts with a list of interventions (A) and moves through a series of steps (B, C, D, E) to identify and classify them. The interventions are listed in the boxes, and the steps are indicated by arrows. The final classification is shown in the bottom right box.

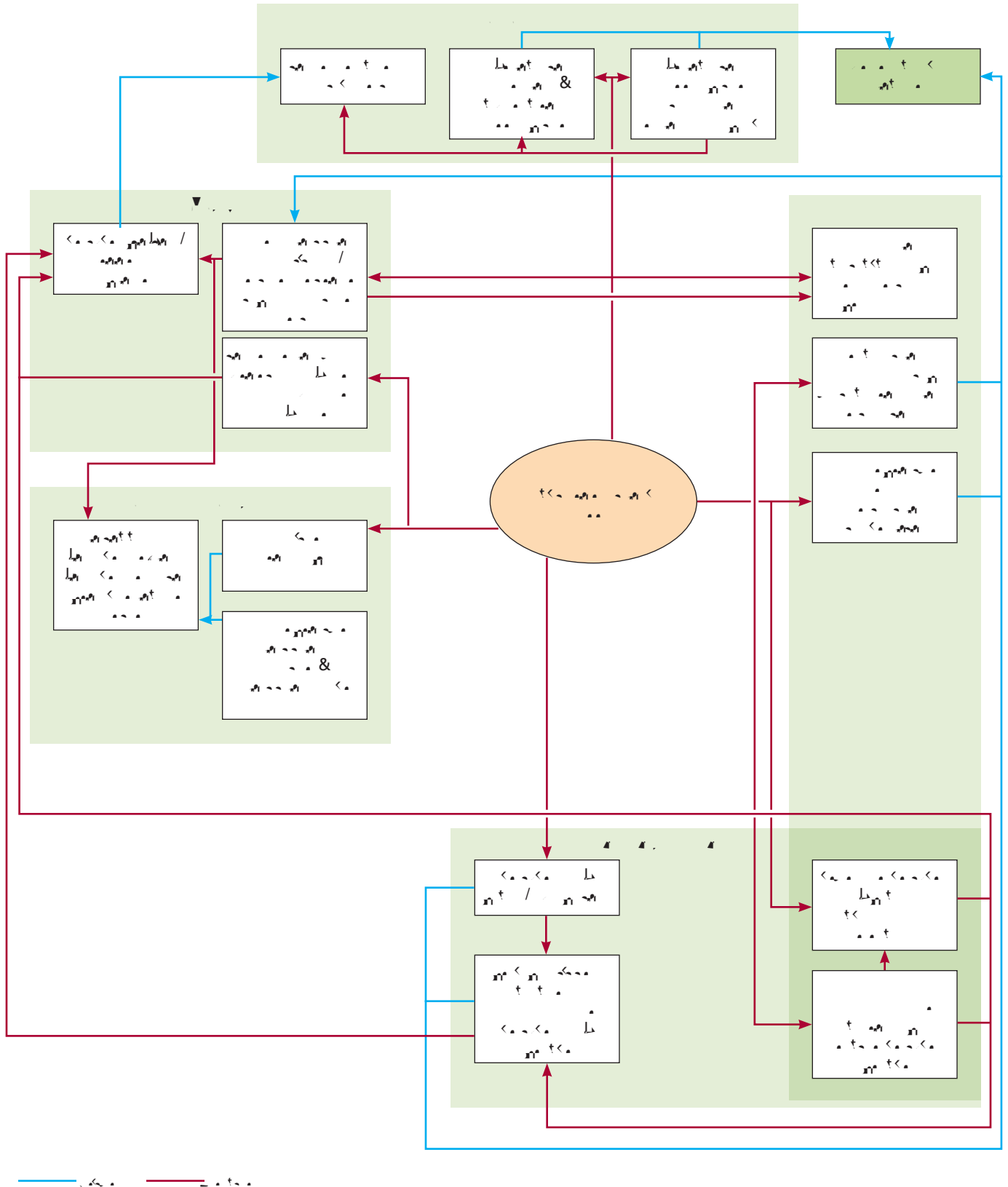


▶ **Case Study**
A patient with a history of heart failure is admitted to the hospital with a diagnosis of acute decompensated heart failure. The patient is on furosemide 40 mg PO daily and has a serum potassium level of 3.2 mEq/L. The patient is also on lisinopril 10 mg PO daily. The patient's vital signs are stable, and the patient is alert and oriented. The patient's physical examination is unremarkable. The patient's chest X-ray shows clear lung fields. The patient's ECG shows a normal sinus rhythm. The patient's laboratory studies are as follows: sodium 138 mEq/L, chloride 102 mEq/L, bicarbonate 24 mEq/L, glucose 100 mg/dL, creatinine 1.2 mg/dL, and BUN 18 mg/dL. The patient's urine output is 150 mL over the last 24 hours. The patient's weight is 160 kg. The patient's blood pressure is 120/80 mmHg. The patient's heart rate is 70 bpm. The patient's respiratory rate is 18 breaths per minute. The patient's oxygen saturation is 98% on room air. The patient's temperature is 37.5°C. The patient's pulse is 70 bpm. The patient's blood pressure is 120/80 mmHg. The patient's heart rate is 70 bpm. The patient's respiratory rate is 18 breaths per minute. The patient's oxygen saturation is 98% on room air. The patient's temperature is 37.5°C.



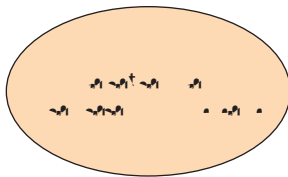
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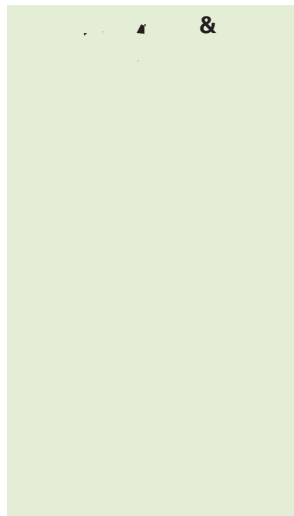
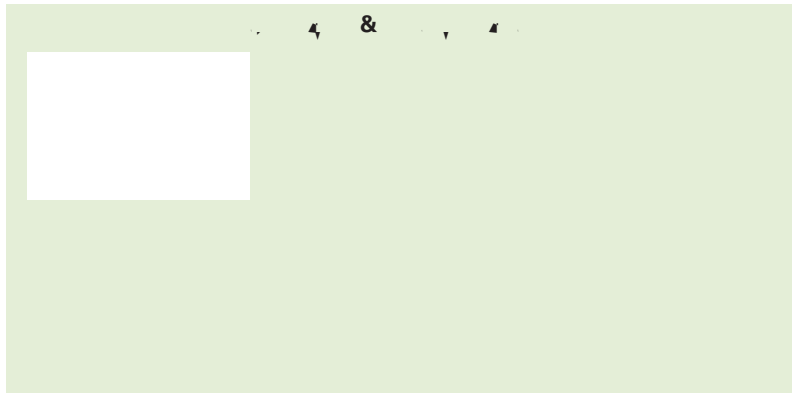
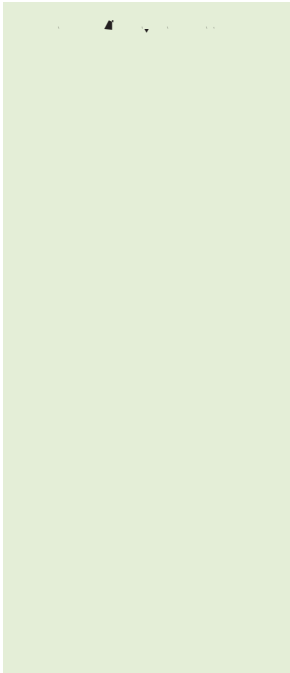
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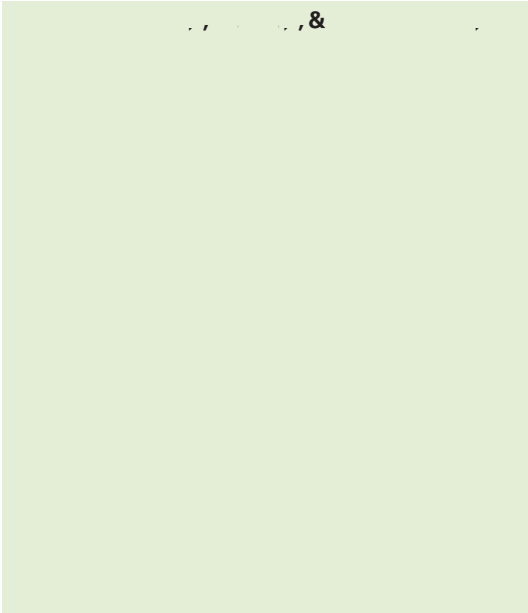


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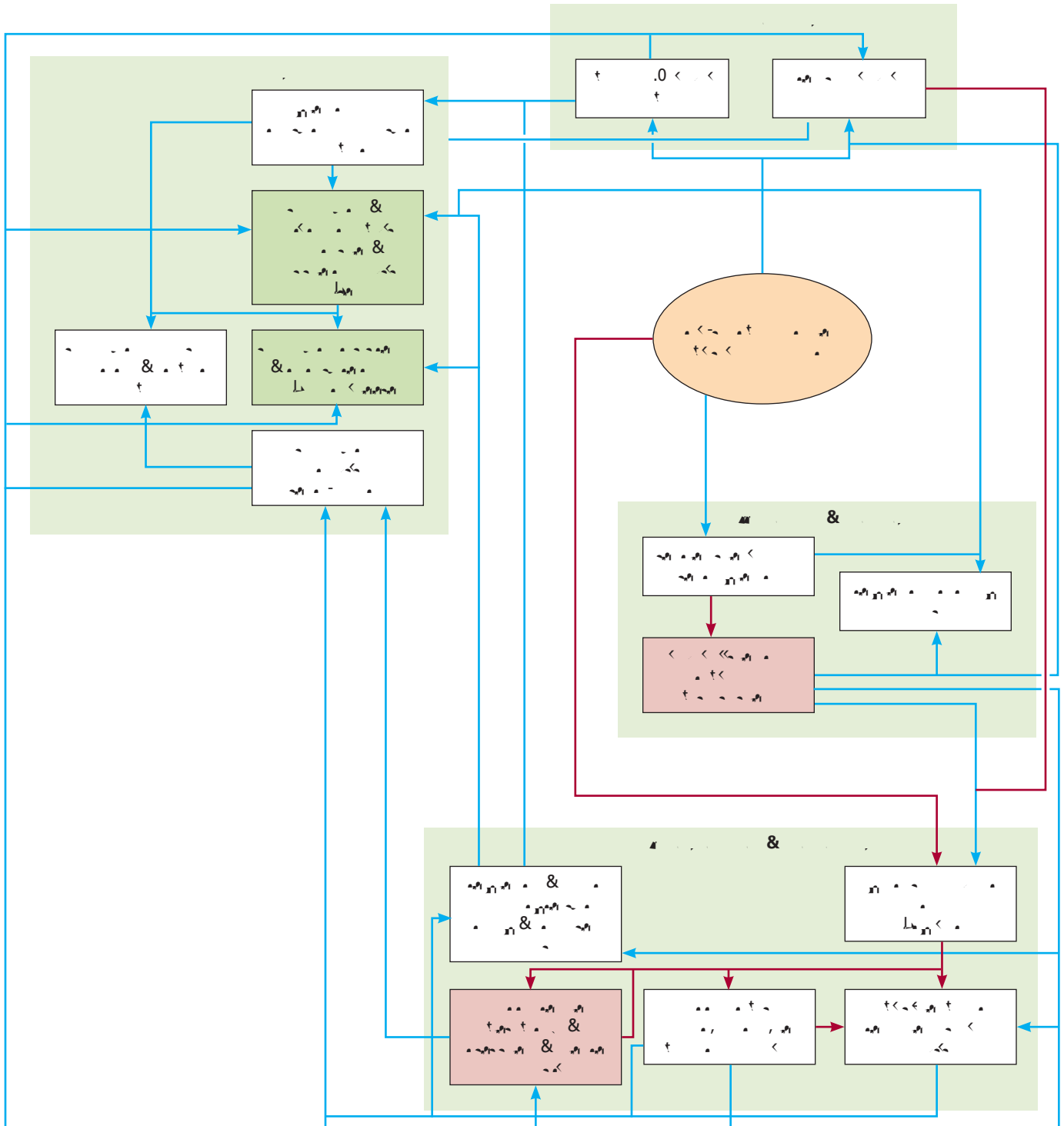
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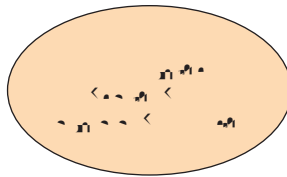


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▶ **Case Study**

1. The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia. He has been on medication for these conditions for many years. He has also been diagnosed with type 2 diabetes mellitus. He has a history of smoking and is a regular drinker of alcohol. He has been admitted to the hospital for a routine check-up and to discuss his current health status. He is currently on a low-sodium, low-fat diet and is taking insulin for his diabetes. He has been advised to stop smoking and to limit his alcohol intake. He is currently on a regular schedule of blood pressure and blood sugar checks. He has been advised to exercise regularly and to maintain a healthy weight. He has been advised to take his medications as prescribed and to attend all medical appointments. He has been advised to avoid any activities that could increase his risk of injury or illness. He has been advised to avoid any medications that could interact with his current medications. He has been advised to avoid any foods that could increase his risk of complications. He has been advised to avoid any activities that could increase his risk of complications. He has been advised to avoid any activities that could increase his risk of complications.

2. The patient is a 65-year-old male with a long history of hypertension and hyperlipidemia. He has been on medication for these conditions for many years. He has also been diagnosed with type 2 diabetes mellitus. He has a history of smoking and is a regular drinker of alcohol. He has been admitted to the hospital for a routine check-up and to discuss his current health status. He is currently on a low-sodium, low-fat diet and is taking insulin for his diabetes. He has been advised to stop smoking and to limit his alcohol intake. He is currently on a regular schedule of blood pressure and blood sugar checks. He has been advised to exercise regularly and to maintain a healthy weight. He has been advised to take his medications as prescribed and to attend all medical appointments. He has been advised to avoid any activities that could increase his risk of injury or illness. He has been advised to avoid any medications that could interact with his current medications. He has been advised to avoid any foods that could increase his risk of complications. He has been advised to avoid any activities that could increase his risk of complications. He has been advised to avoid any activities that could increase his risk of complications.



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