

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 ensure that all attendees had the opportunity to contribute their expertise to the development of concept maps.

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 '&', a bottom-left box with a patient icon and '<', and a bottom-right box with a nurse icon and '<'. Arrows indicate interactions between these elements.

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

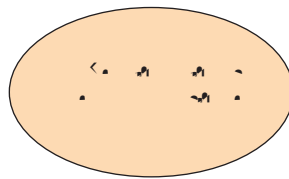


Figure 3: A diagram showing two boxes at the top with nurse icons and '&', and a box at the bottom with a patient icon and '<'. Arrows indicate the flow of information or interaction between the nurse and patient components.

Figure 4: A diagram with a central red box containing a nurse icon, '&', and '<' symbols. It is surrounded by six other boxes (three on the left, three on the right) containing various combinations of nurse and patient icons and '&' and '<' symbols, illustrating different interaction scenarios.

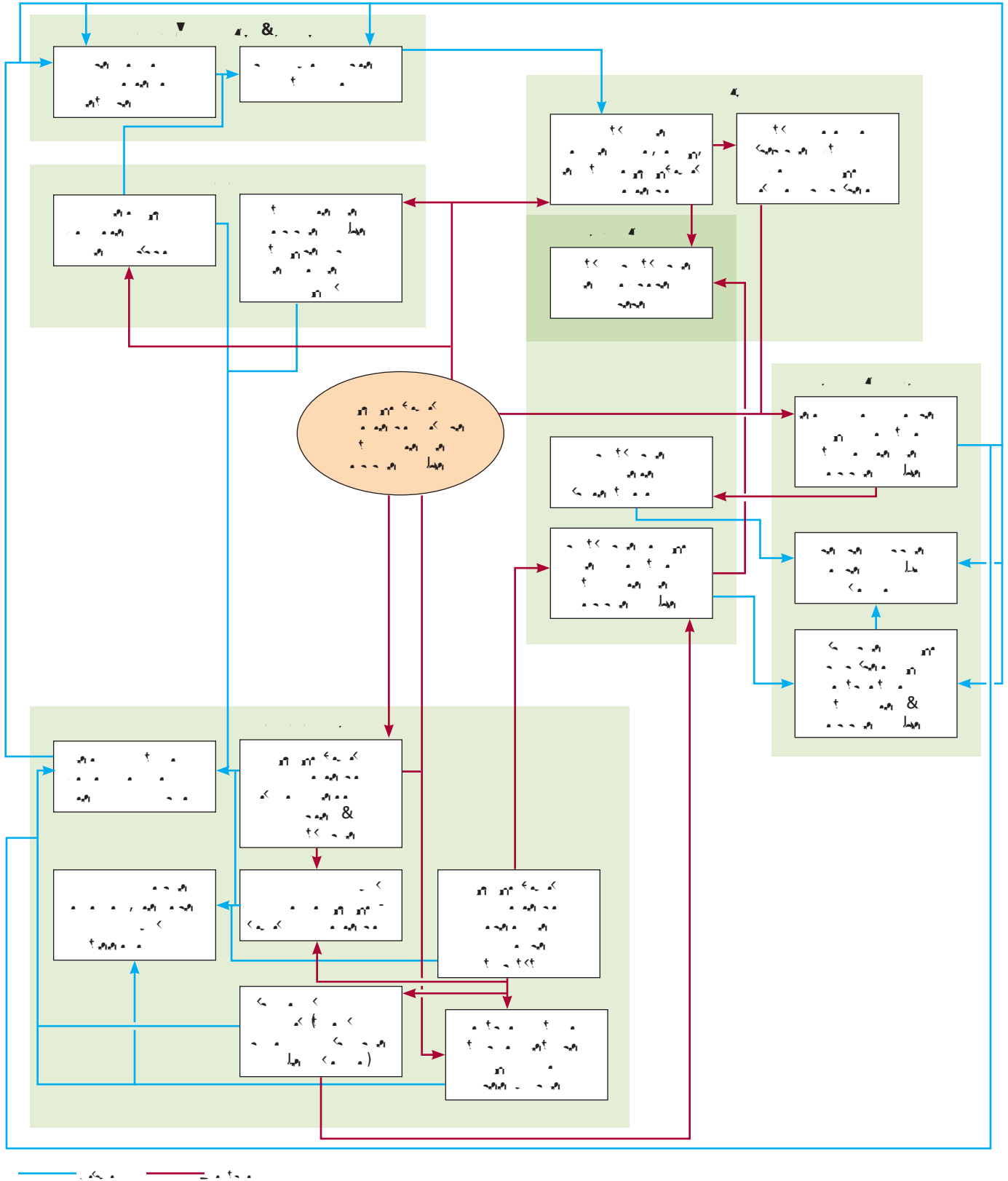
▶ **Case Study**
A patient with a history of heart failure is admitted to the hospital with a diagnosis of acute decompensated heart failure. The patient is on furosemide 40 mg PO daily and has a serum potassium level of 3.2 mEq/L. The patient is also on lisinopril 10 mg PO daily. The patient's vital signs are stable, and the patient is alert and oriented. The patient's oxygen saturation is 92% on 2L of oxygen via nasal cannula. The patient's chest exam is clear, and the patient's lungs are clear. The patient's heart rate is 78 bpm, and the patient's blood pressure is 110/70 mmHg. The patient's weight is 160 kg. The patient's intake and output are as follows:

Intake: 1500 mL
Output: 1200 mL

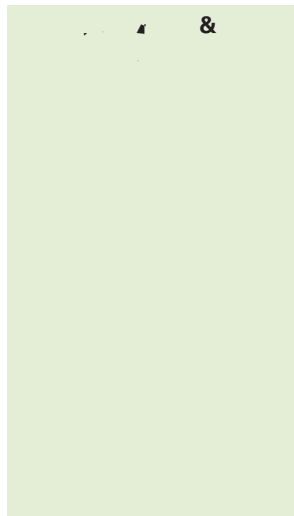
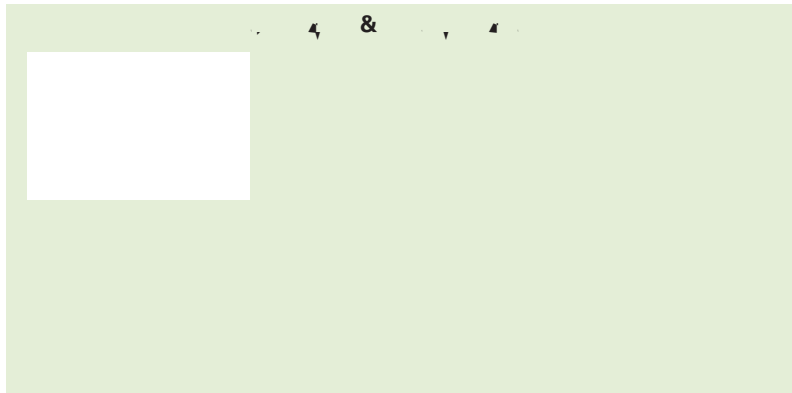
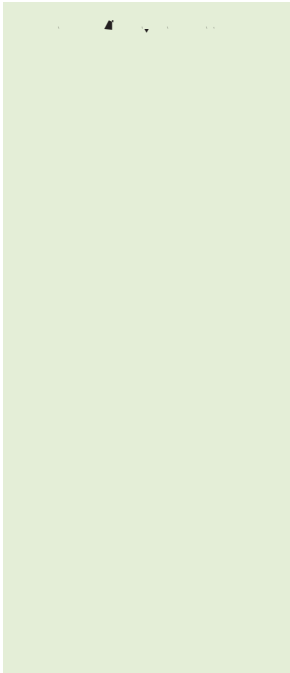
▶ **Case Study**

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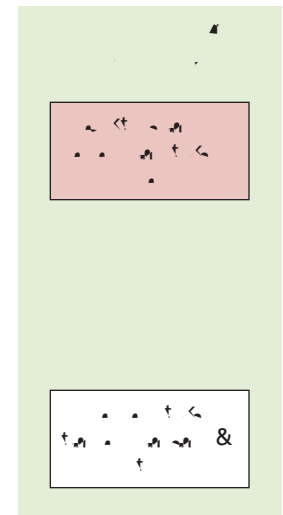
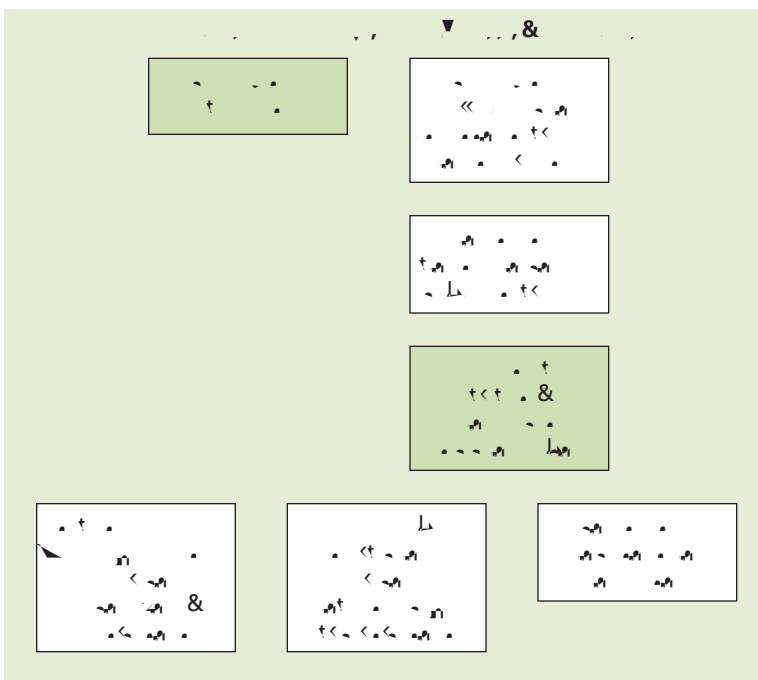
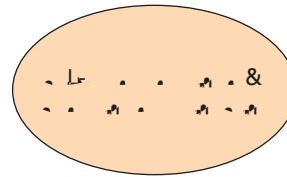
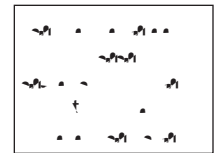
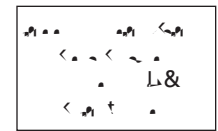
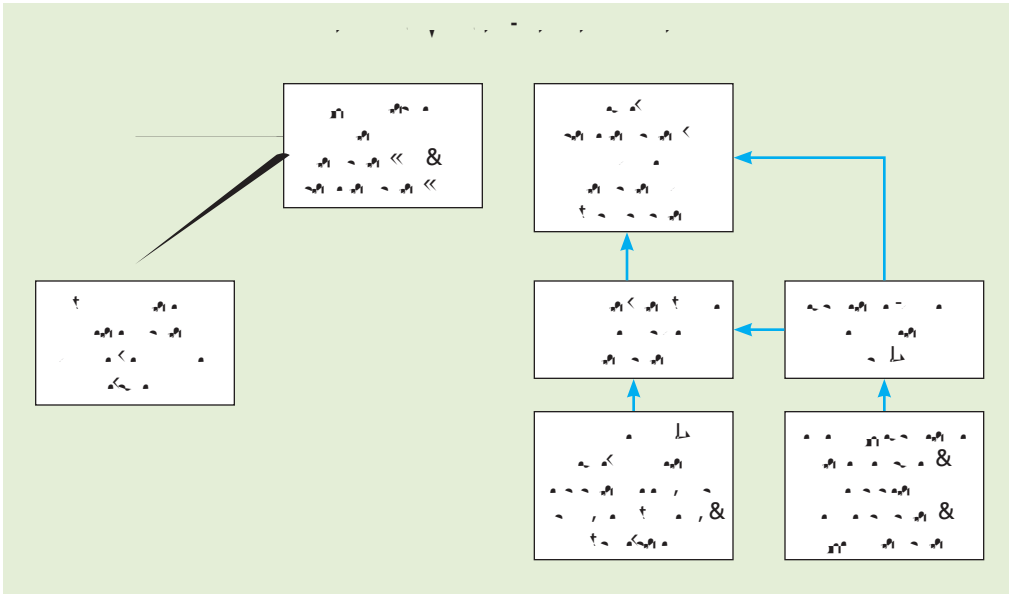


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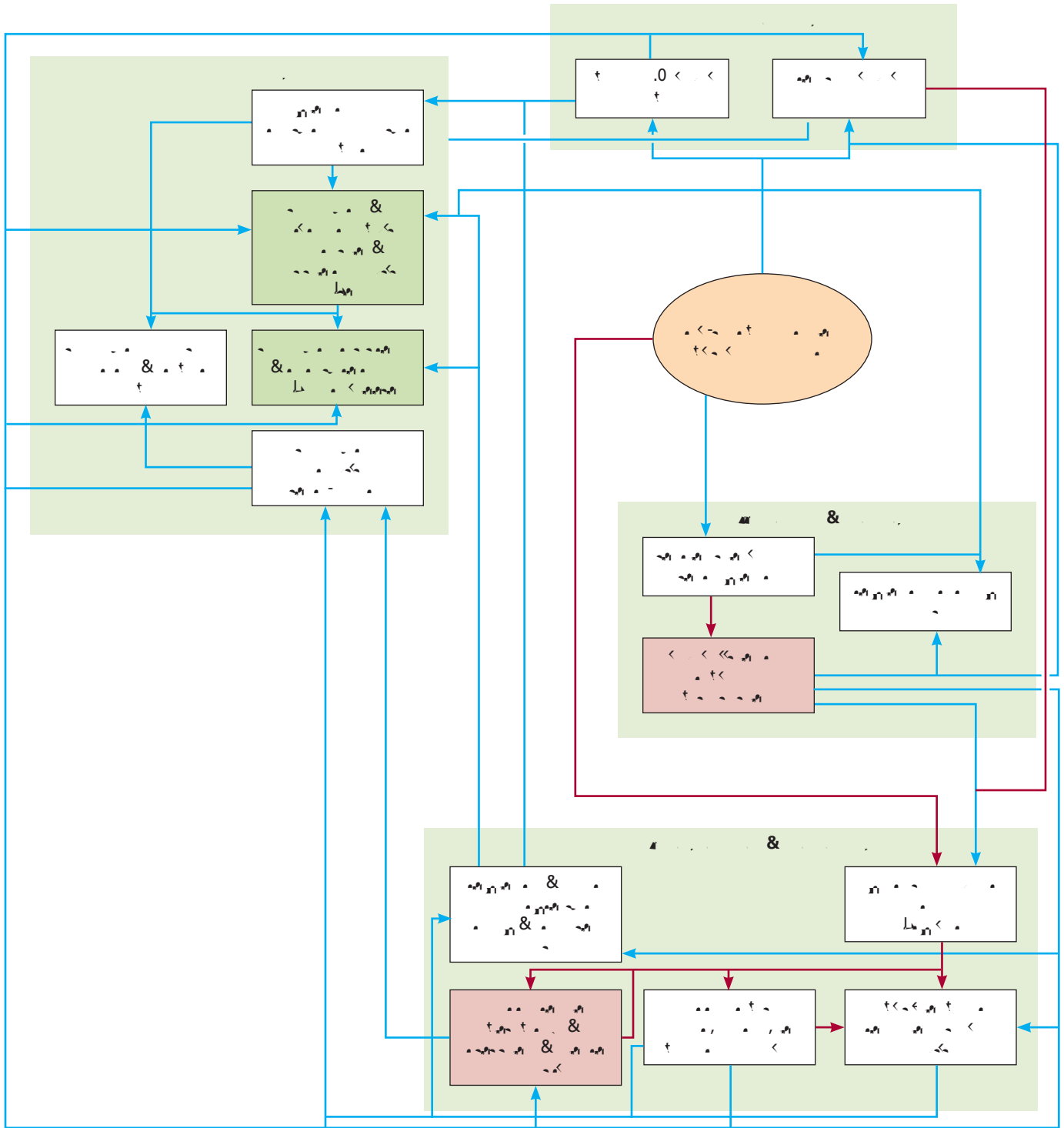
The green area contains several boxes with mathematical symbols and expressions:

- Top box: $\frac{1}{2} \times \frac{1}{2}$
- Middle-left box: $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
- Middle-right box: $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$
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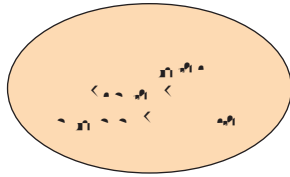

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