

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 and insights to the development of regulatory 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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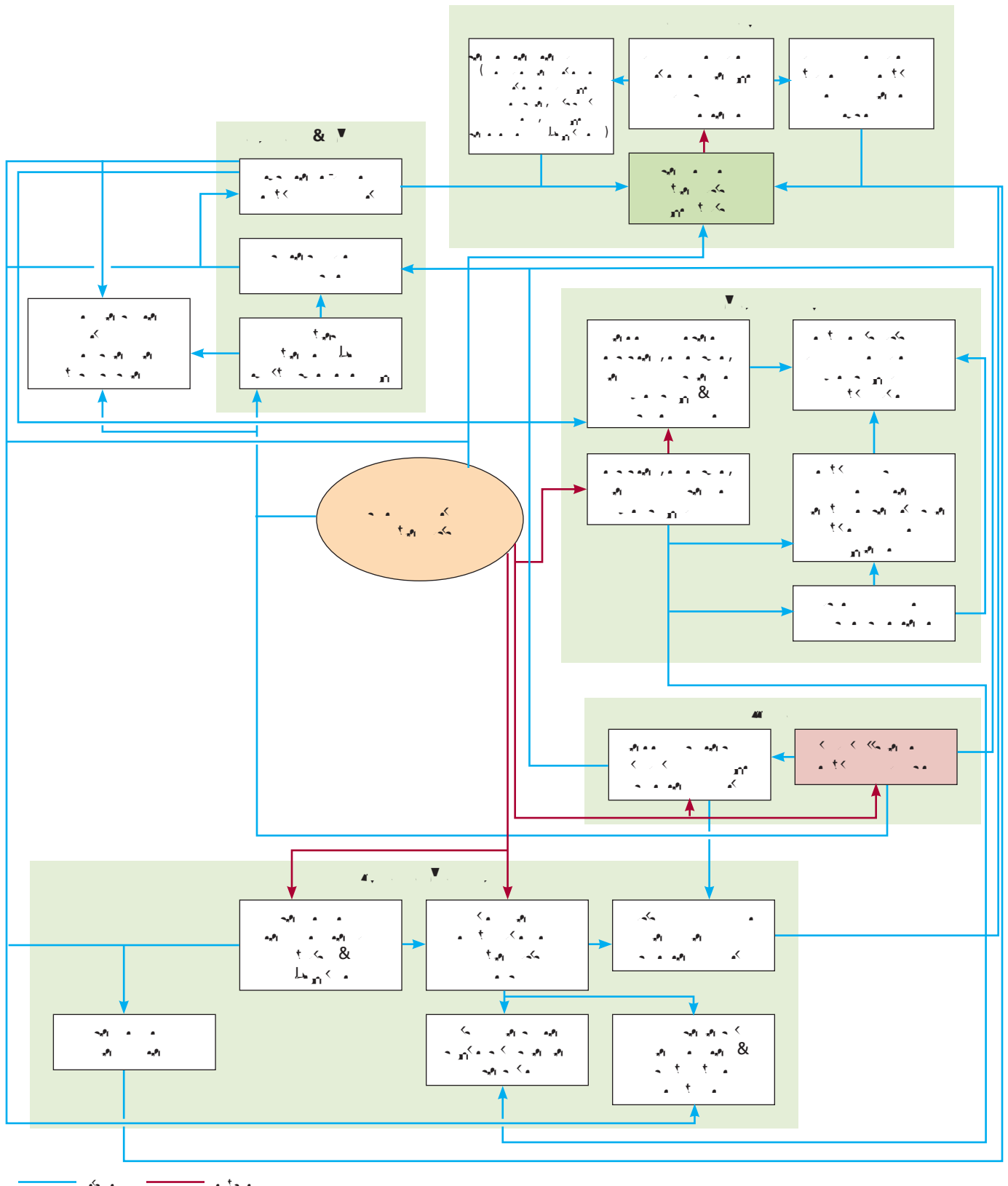


Figure 1: A diagram illustrating the relationship between a nurse and a patient. It features three boxes: a top box with a nurse icon and the text "Nurse", a bottom-left box with a patient icon and the text "Patient", and a bottom-right box with a nurse icon and the text "Nurse". A central box contains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

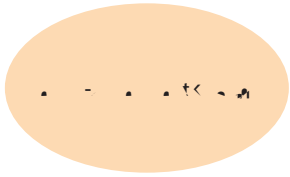
Figure 2: A diagram showing a nurse icon at the top left and a large white rectangular box in the center, representing a patient's perspective or a specific interaction point.

Figure 3: An orange oval containing a diagram of a nurse and a patient icon facing each other, representing a direct interaction between the two.

Figure 4: A diagram illustrating the relationship between a nurse and a patient. It features three boxes: a top-left box with a nurse icon and the text "Nurse", a top-right box with a patient icon and the text "Patient", and a bottom box with a nurse icon and the text "Nurse". A central box contains the text "Nurse & Patient".

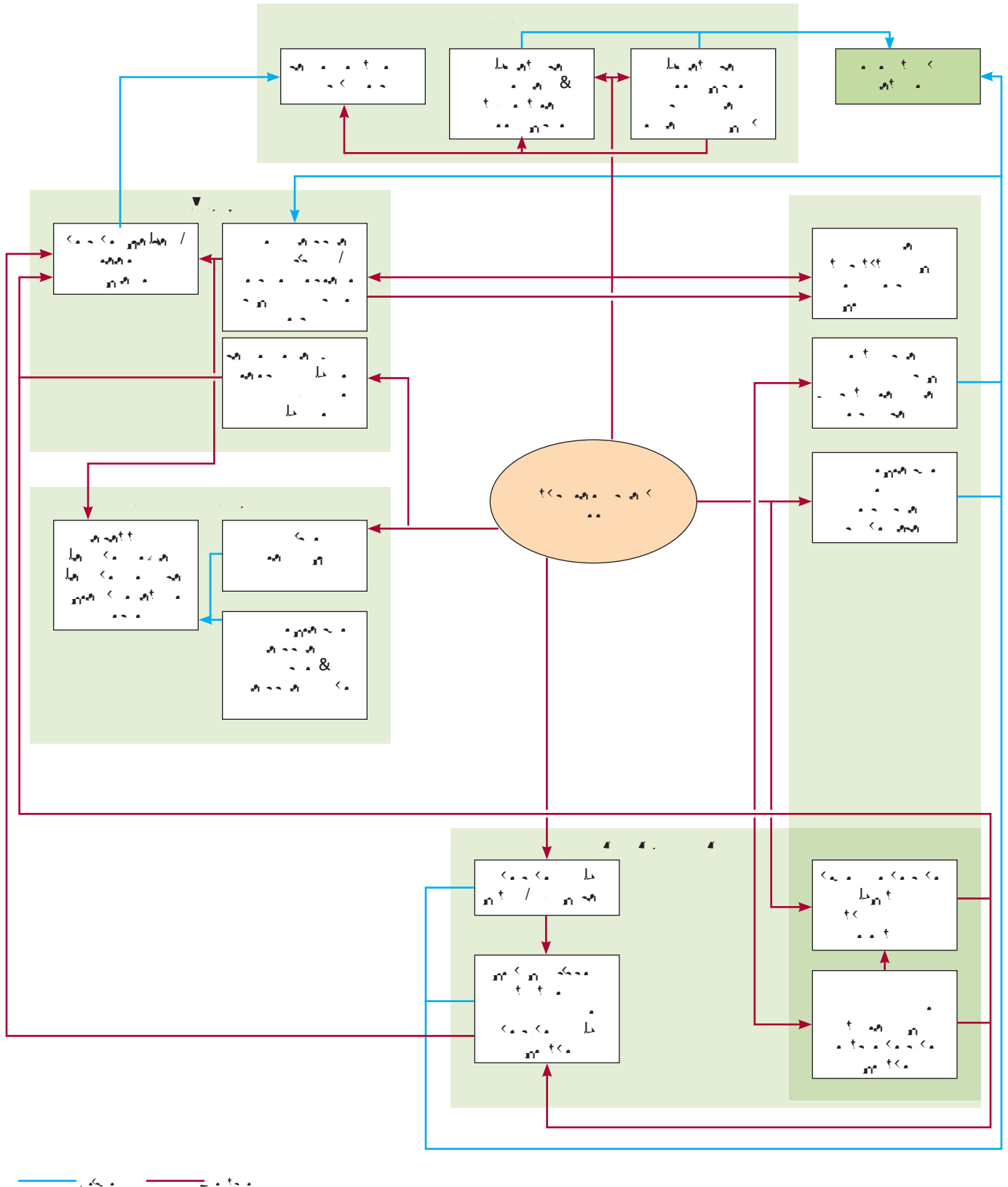
Figure 5: A diagram illustrating the relationship between a nurse and a patient. It features six boxes arranged in two rows. The top row contains three boxes: a left box with a nurse icon and the text "Nurse", a middle box with a patient icon and the text "Patient", and a right box with a nurse icon and the text "Nurse". The bottom row contains three boxes: a left box with a patient icon and the text "Patient", a middle box with a nurse icon and the text "Nurse", and a right box with a patient icon and the text "Patient". A central box contains the text "Nurse & Patient".

▶ **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: serum sodium 138 mEq/L, serum chloride 102 mEq/L, serum bicarbonate 24 mEq/L, serum glucose 100 mg/dL, serum creatinine 1.2 mg/dL, serum urea nitrogen 18 mg/dL, serum lactate 0.5 mmol/L, serum troponin I 0.01 ng/mL, serum BNP 100 pg/mL. The patient's medical history includes hypertension, hyperlipidemia, and a previous myocardial infarction. The patient's current medications include furosemide, lisinopril, aspirin, and statins. The patient's allergies are unknown. The patient's social history includes a 20-pack-year history of smoking and a diet high in sodium. The patient's family history is unremarkable. The patient's review of systems is negative. 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: serum sodium 138 mEq/L, serum chloride 102 mEq/L, serum bicarbonate 24 mEq/L, serum glucose 100 mg/dL, serum creatinine 1.2 mg/dL, serum urea nitrogen 18 mg/dL, serum lactate 0.5 mmol/L, serum troponin I 0.01 ng/mL, serum BNP 100 pg/mL. The patient's medical history includes hypertension, hyperlipidemia, and a previous myocardial infarction. The patient's current medications include furosemide, lisinopril, aspirin, and statins. The patient's allergies are unknown. The patient's social history includes a 20-pack-year history of smoking and a diet high in sodium. The patient's family history is unremarkable. The patient's review of systems is negative. 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: serum sodium 138 mEq/L, serum chloride 102 mEq/L, serum bicarbonate 24 mEq/L, serum glucose 100 mg/dL, serum creatinine 1.2 mg/dL, serum urea nitrogen 18 mg/dL, serum lactate 0.5 mmol/L, serum troponin I 0.01 ng/mL, serum BNP 100 pg/mL.

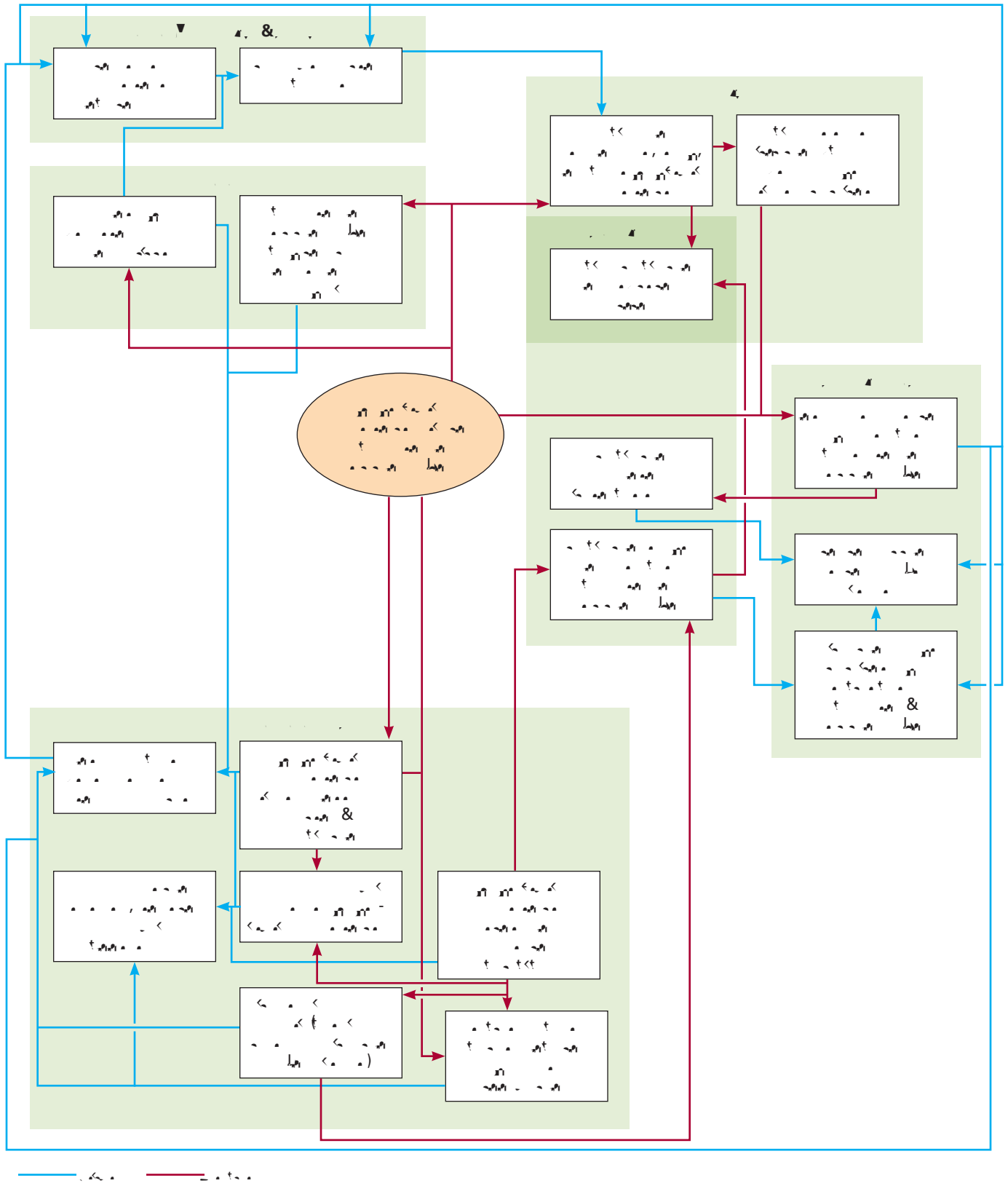


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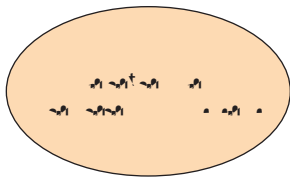


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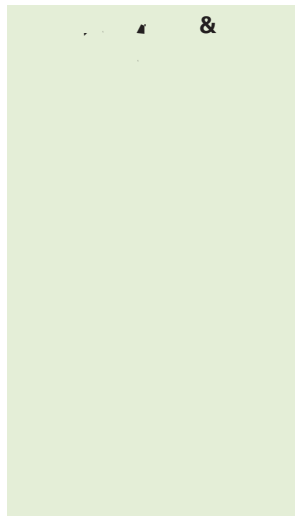
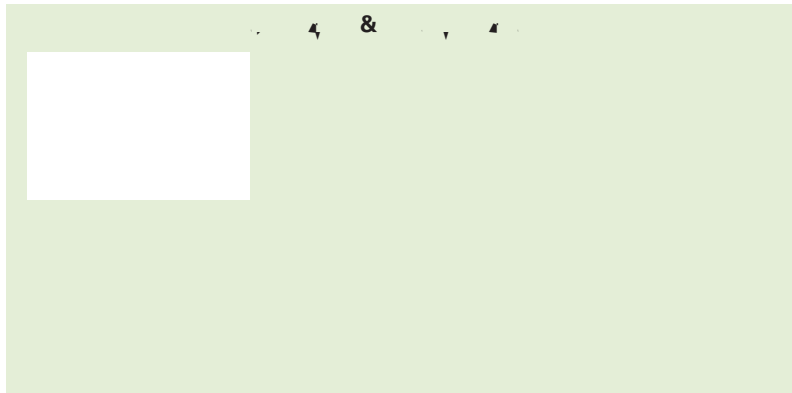
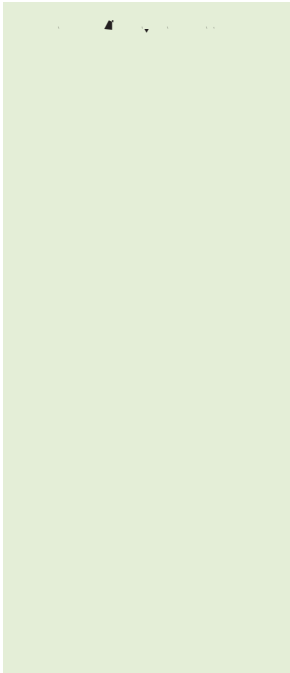
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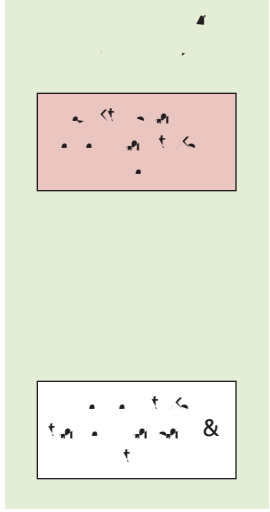
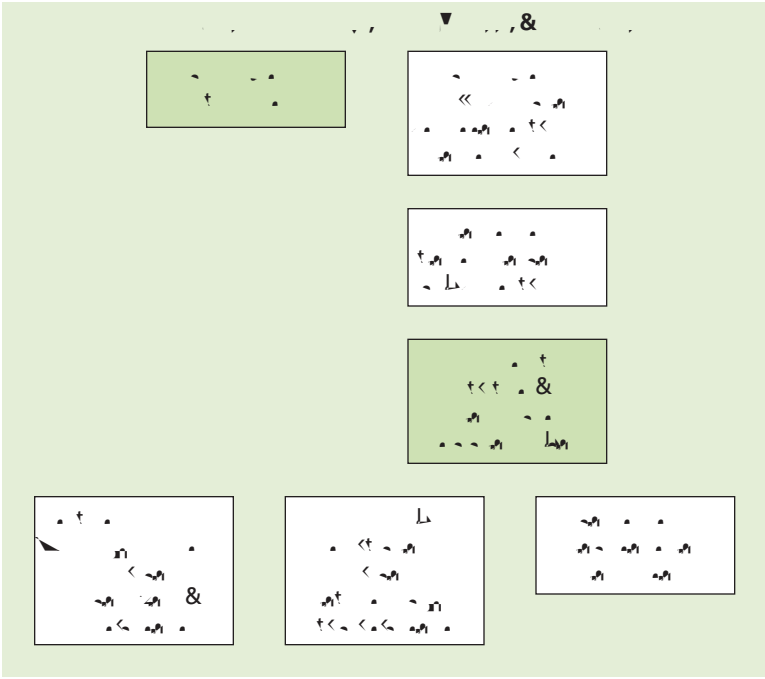
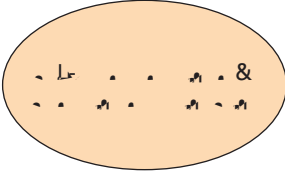
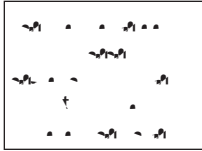
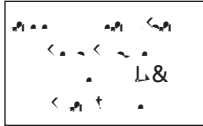
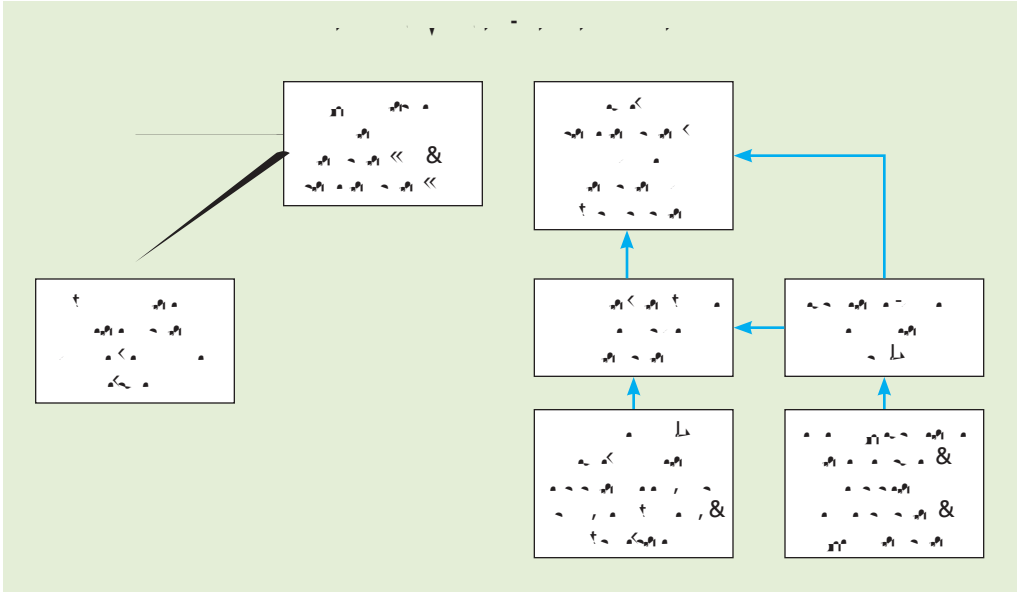
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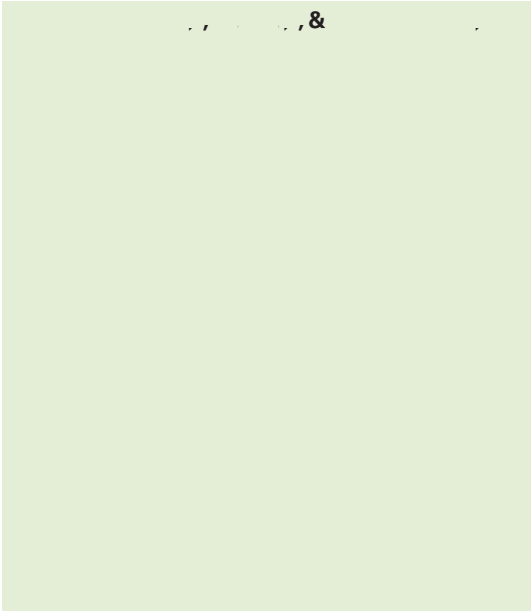
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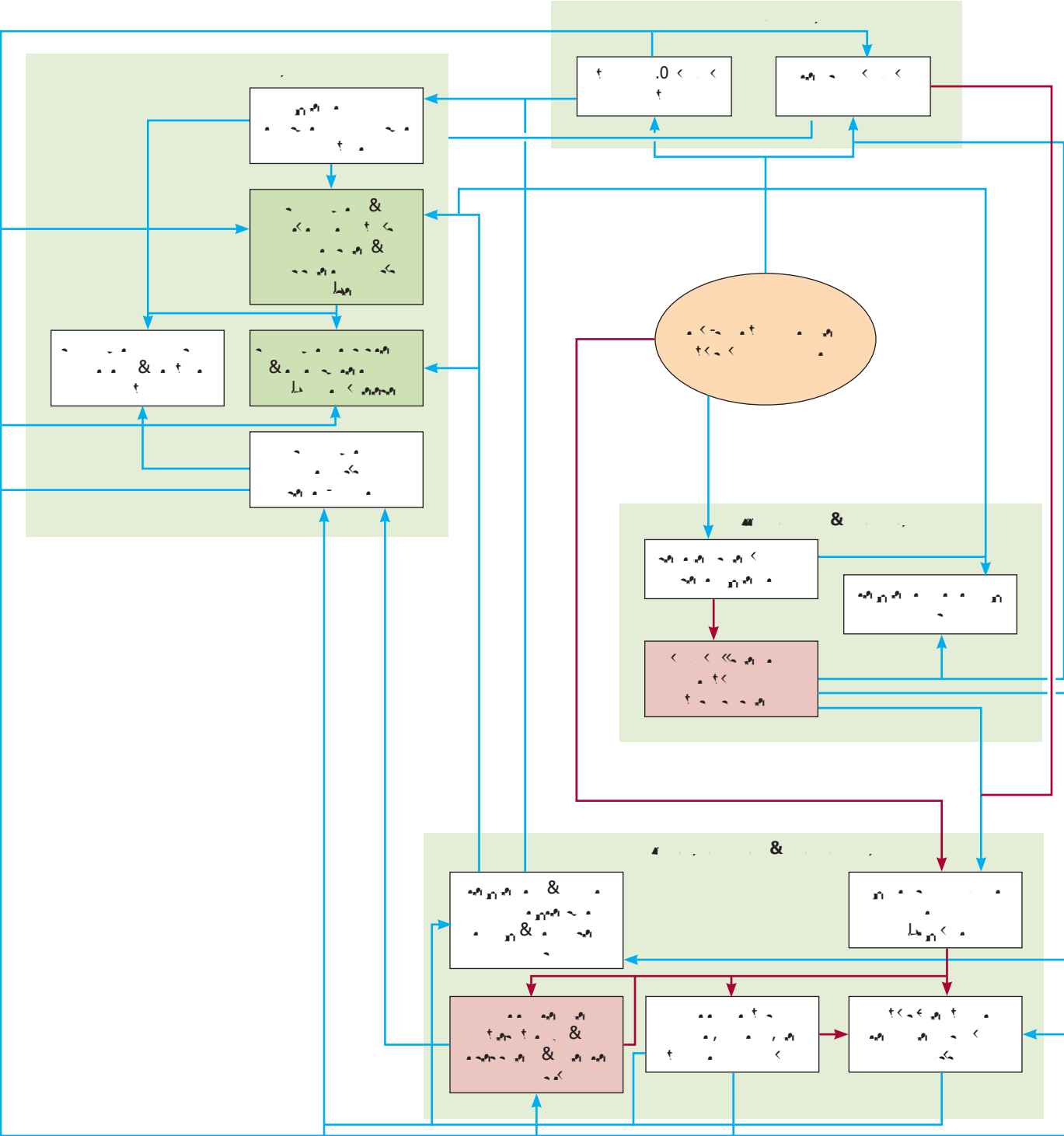
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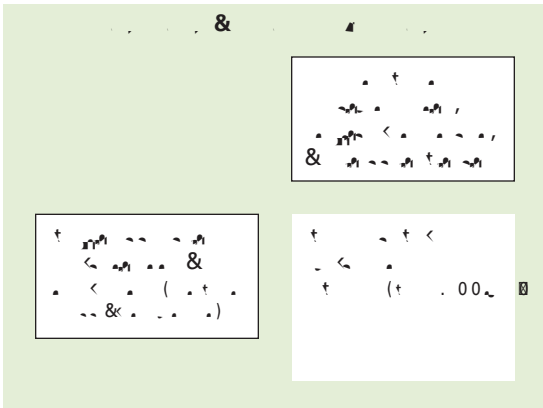
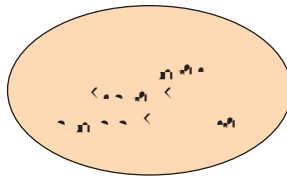
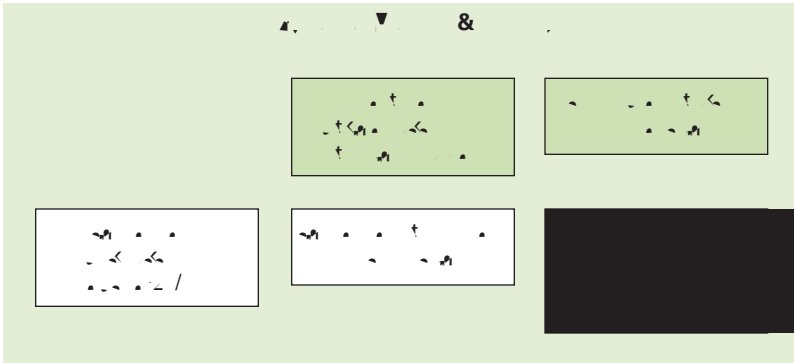


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