

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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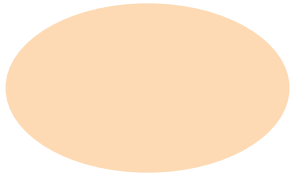
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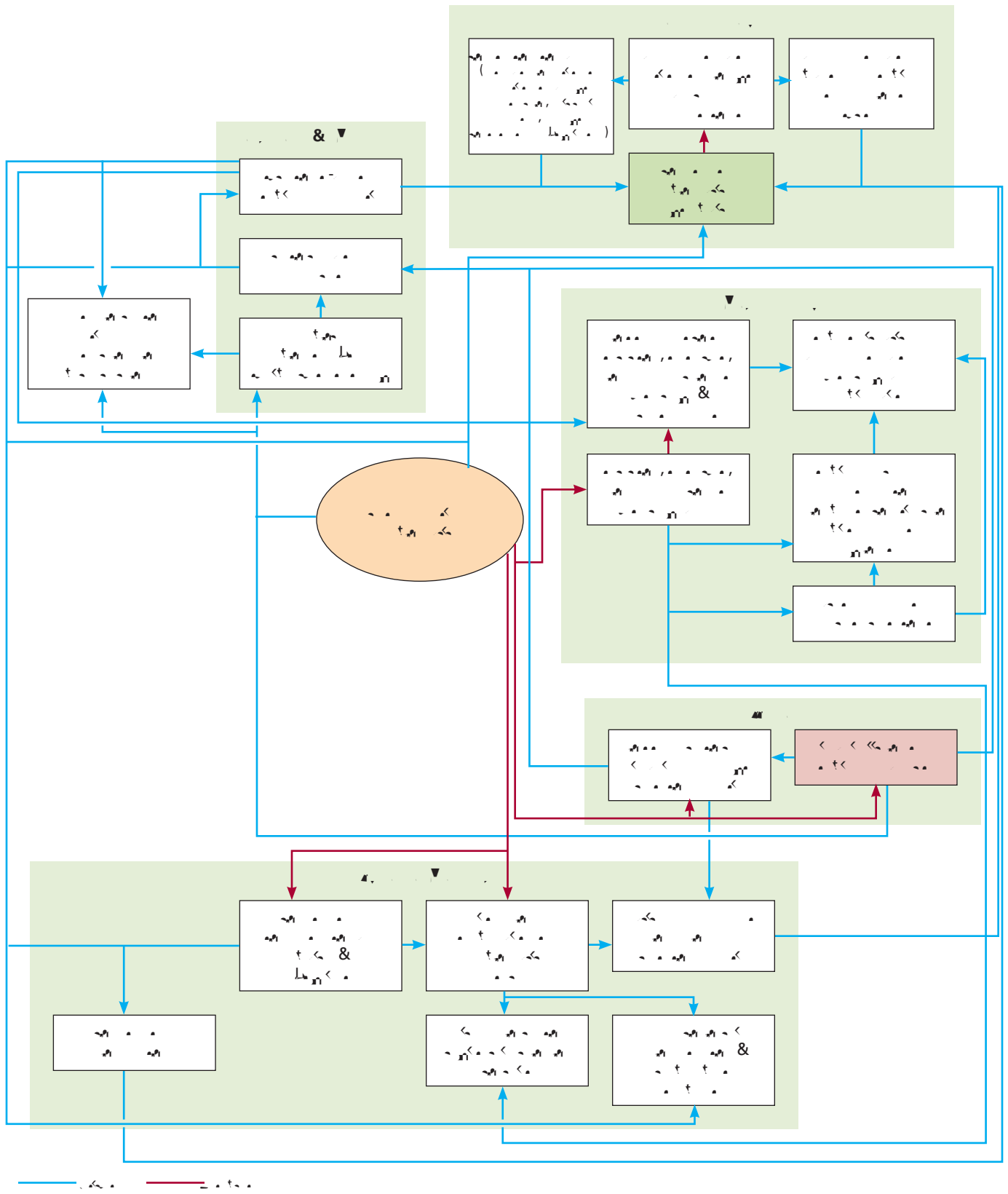
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Journal of Nursing Regulation



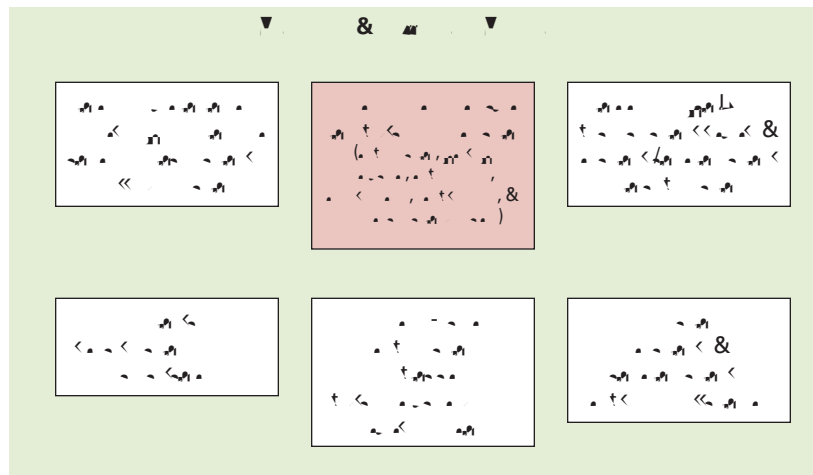
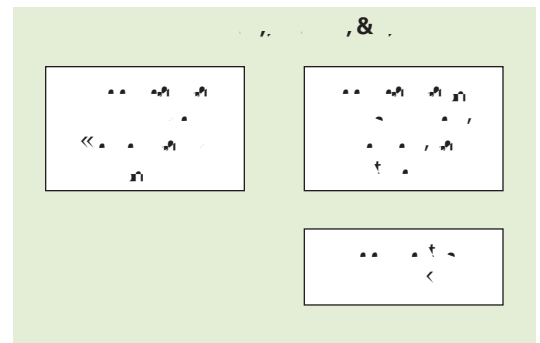
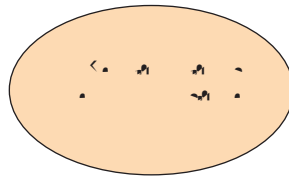
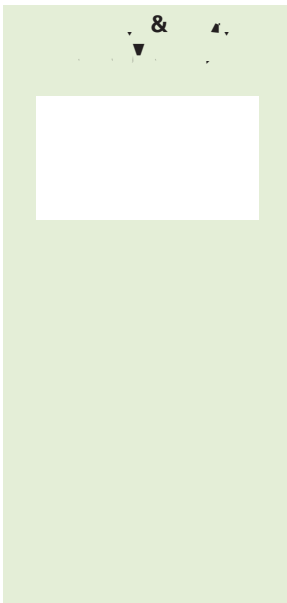
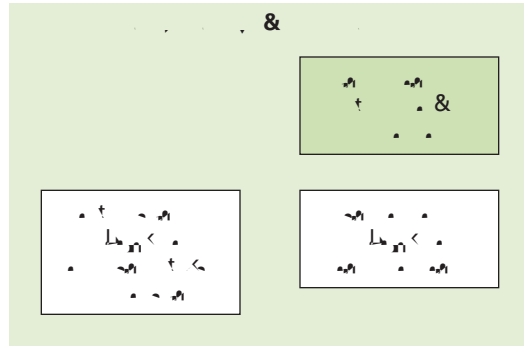
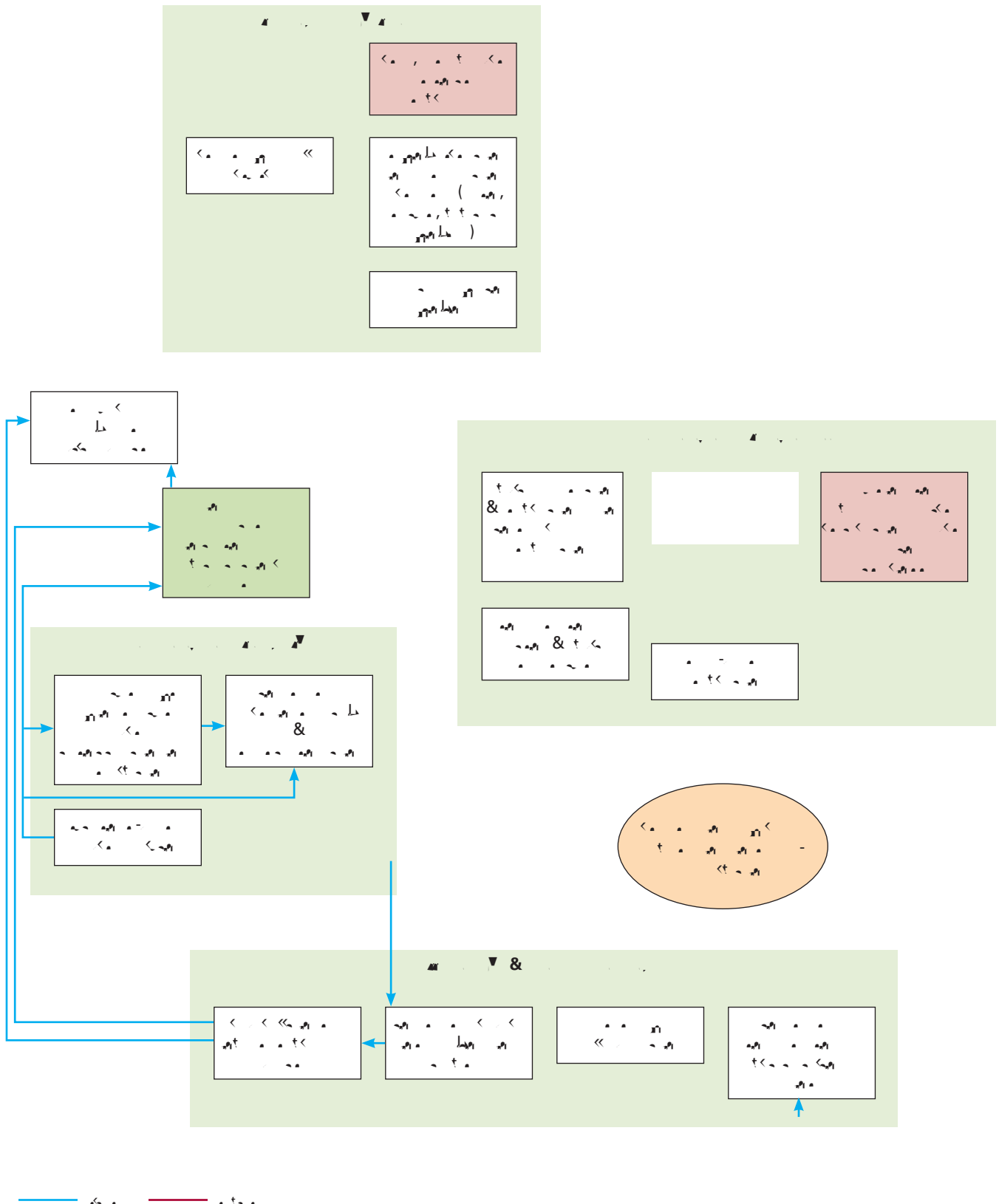
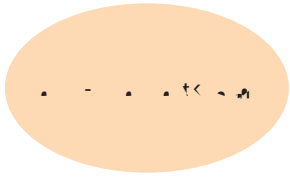


Figure 1. A flowchart illustrating the process of identifying and classifying nursing interventions. The process starts with a list of interventions (A) and moves through a series of steps (B, C, D, E, F) to identify and classify them. The interventions are listed in the boxes, and the steps are indicated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

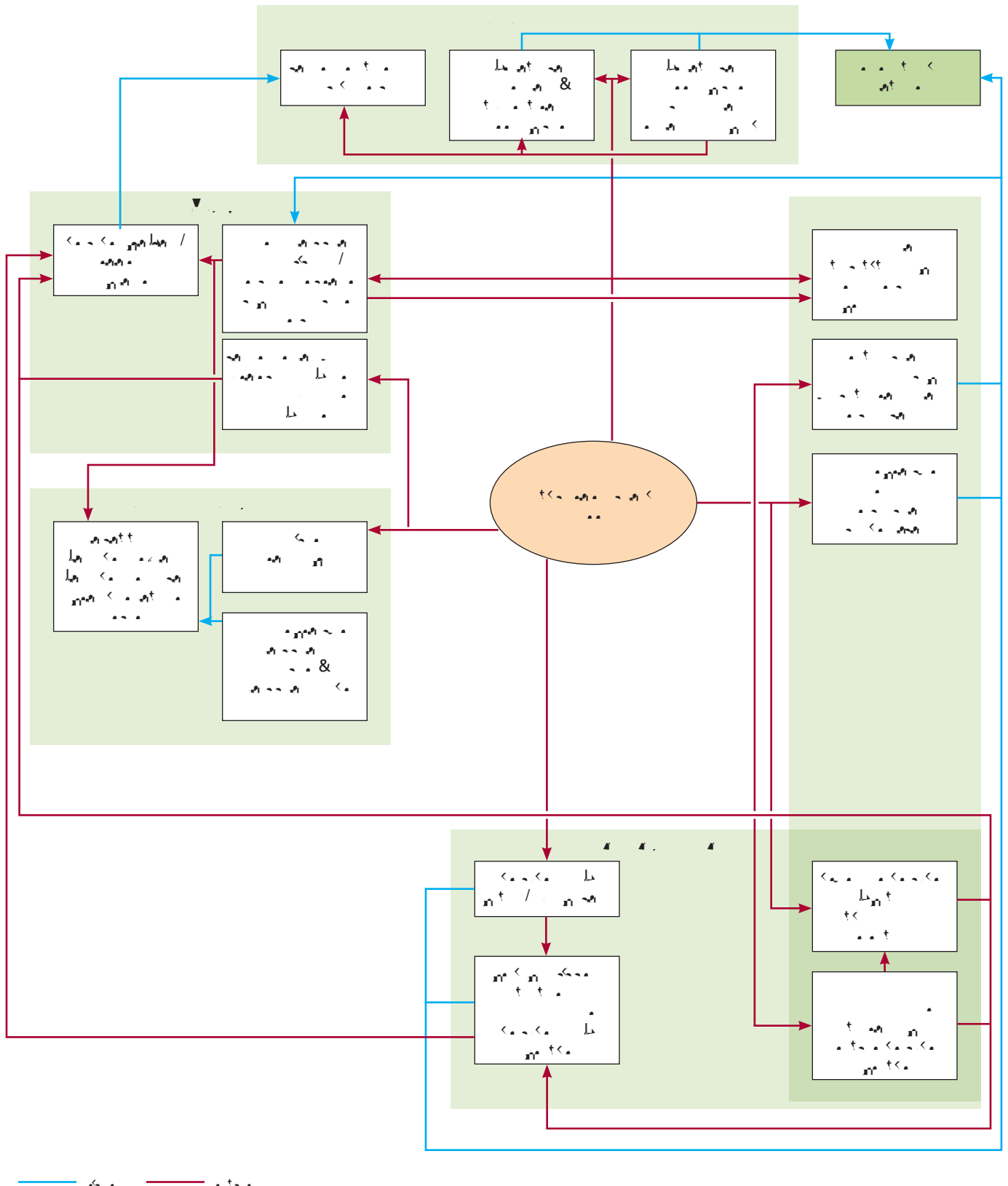


▶ **Case Study**
A patient with a history of heart failure is admitted to the hospital with a diagnosis of acute decompensated heart failure. The patient is on furosemide 40 mg PO daily and has a serum potassium level of 3.2 mEq/L. The patient is also on lisinopril 10 mg PO daily. The patient's vital 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 100 mL over the last 24 hours. The patient's weight is 70 kg. The patient's blood pressure is 120/80 mmHg. The patient's heart rate is 70 bpm. The patient's respiratory rate is 16 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 16 breaths per minute. The patient's oxygen saturation is 98% on room air. The patient's temperature is 37.5°C.

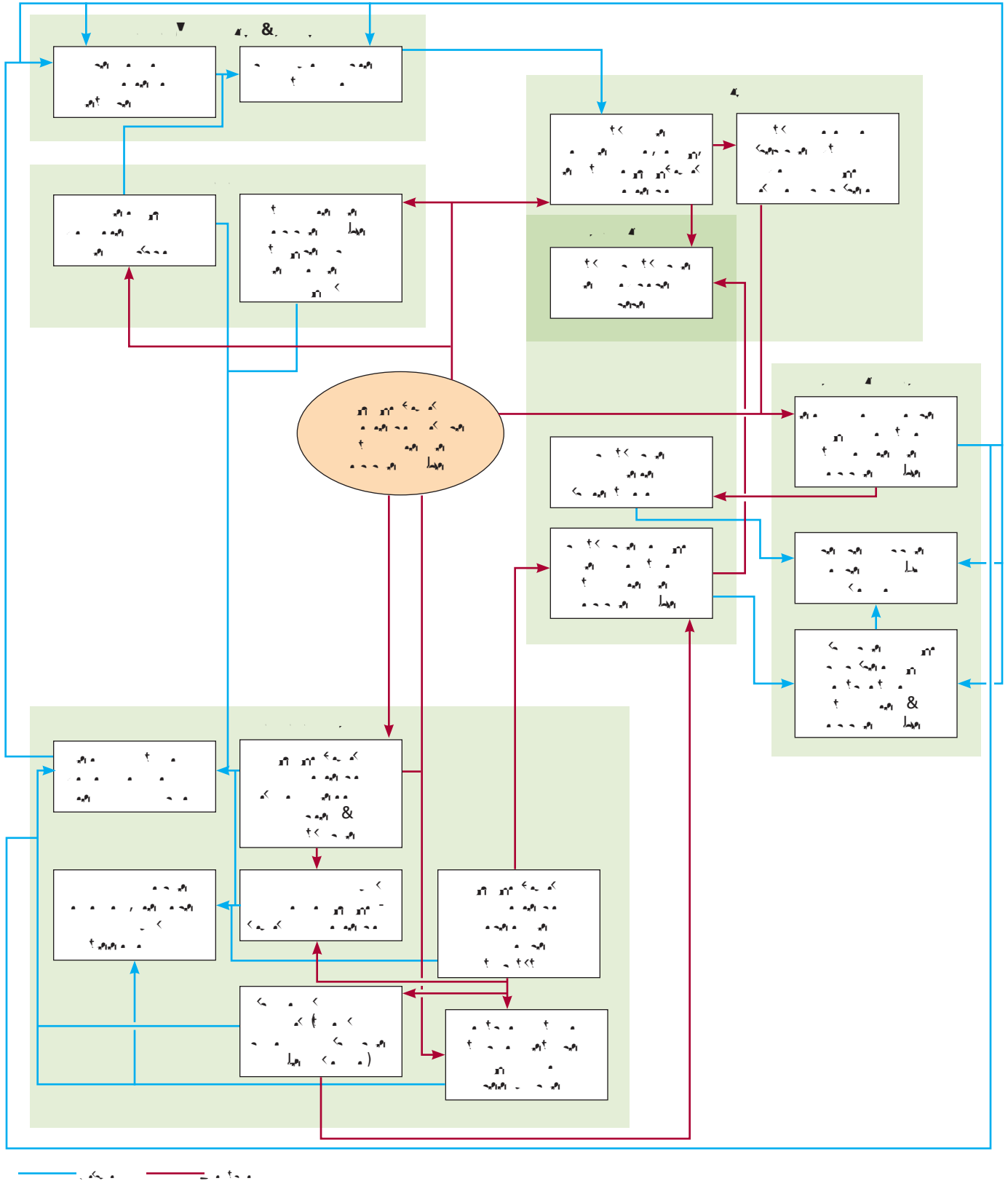


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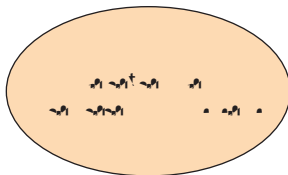


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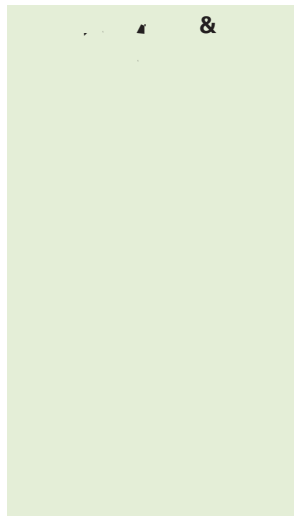
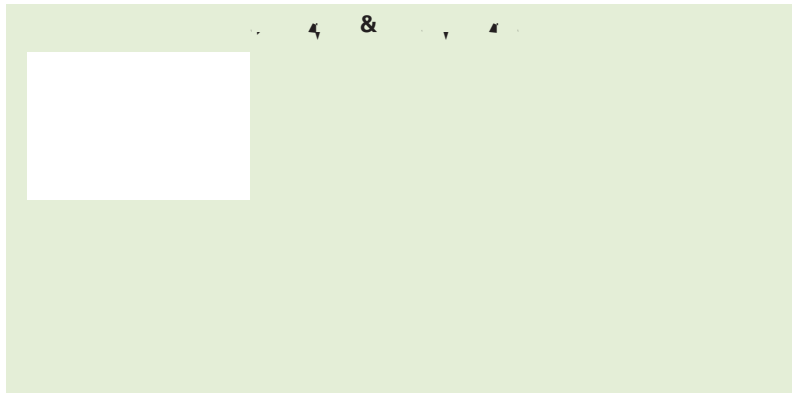
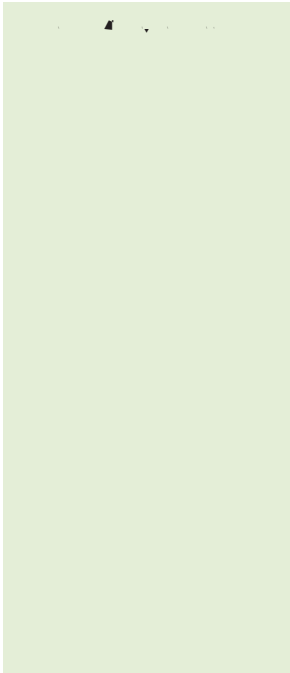
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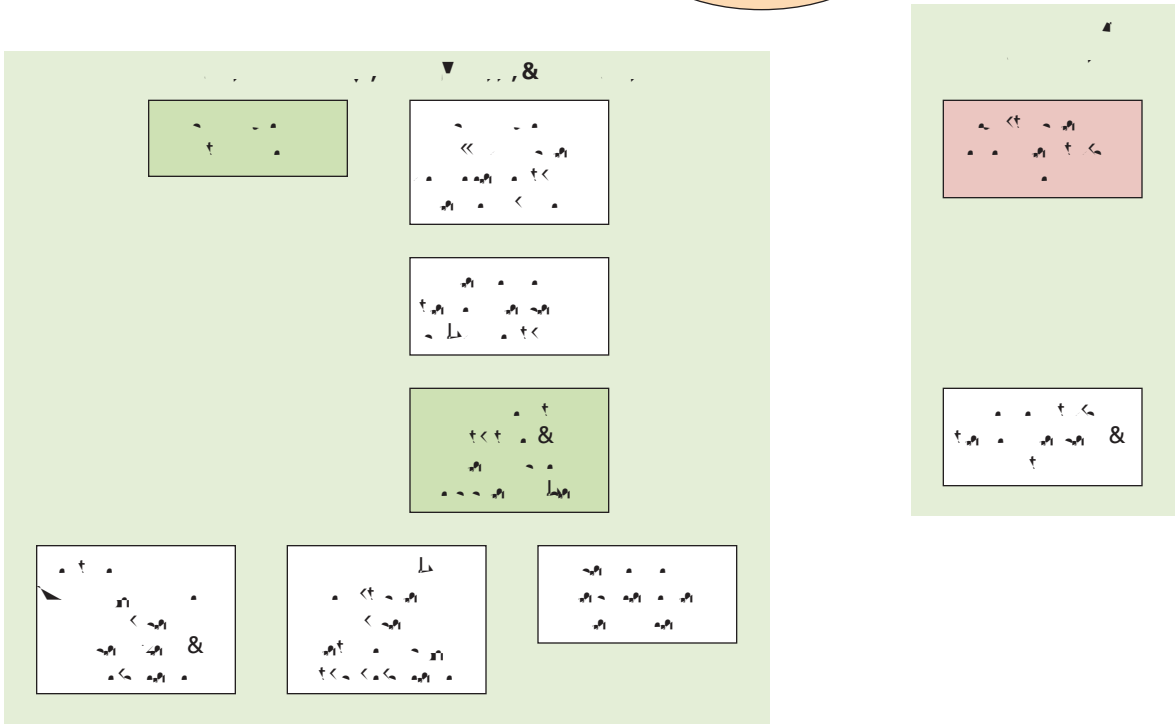
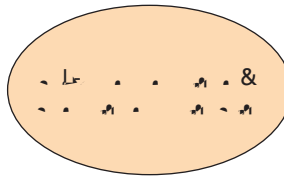
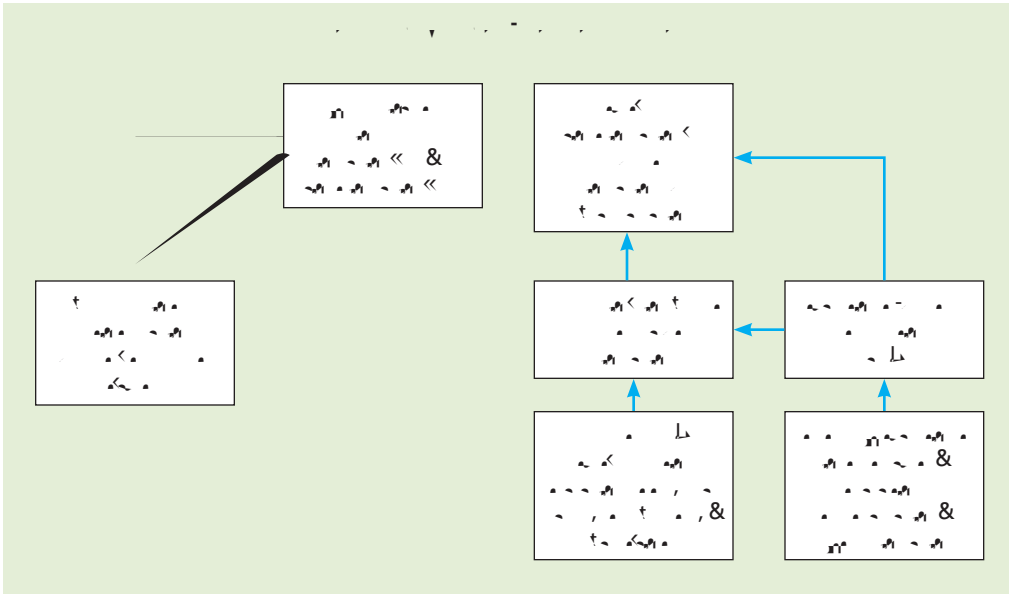
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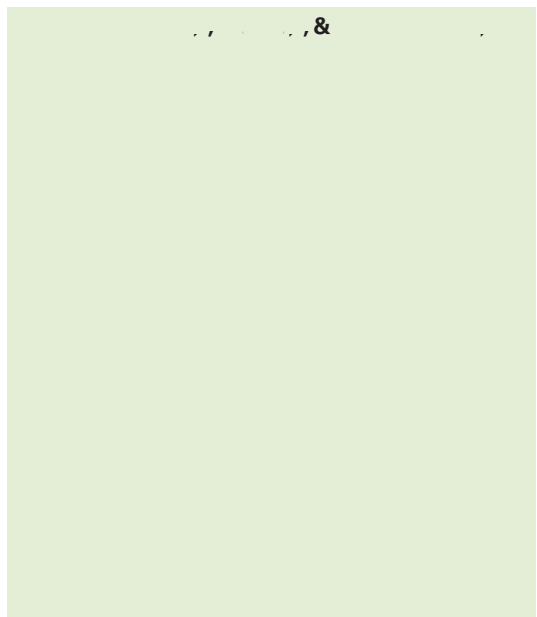
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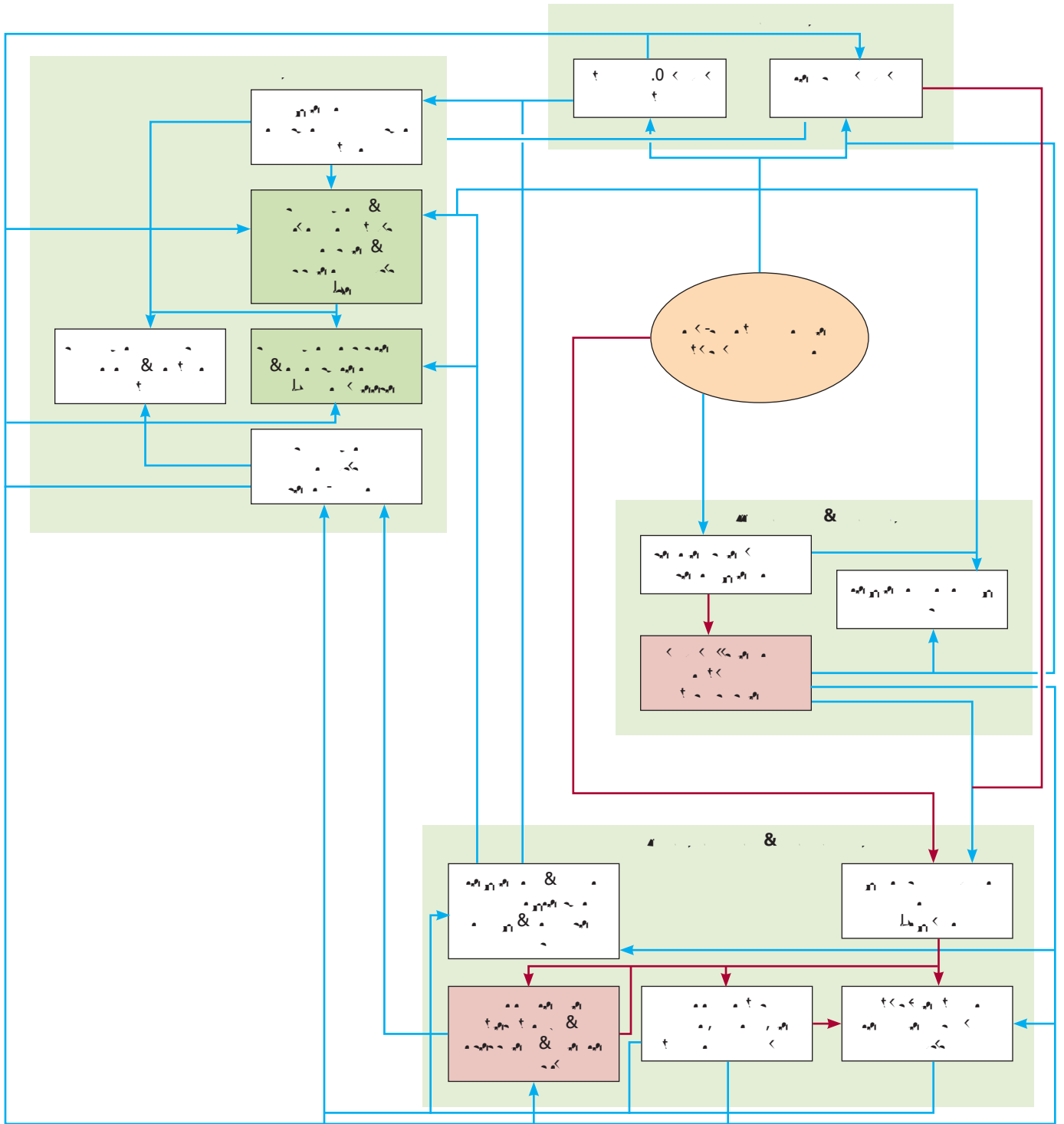
▶ **Level 21**

▶ **Level 21** is a complex, multi-level system of communication. It is a highly structured and organized system that is designed to facilitate the exchange of information between individuals. The system is based on a set of rules and conventions that are shared by all participants. The system is designed to be flexible and adaptable, allowing it to be used in a variety of contexts. The system is designed to be easy to learn and use, and it is designed to be efficient and effective. The system is designed to be a valuable tool for communication and collaboration.



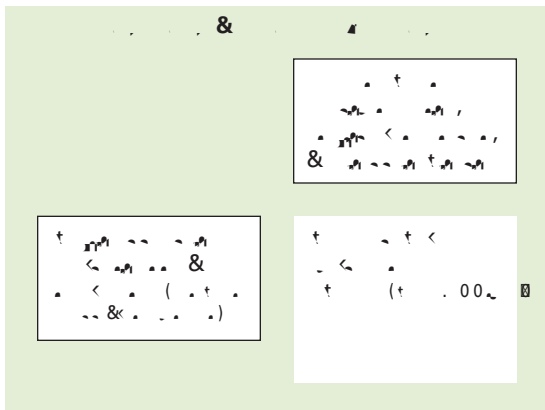
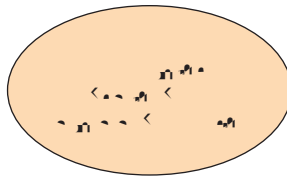
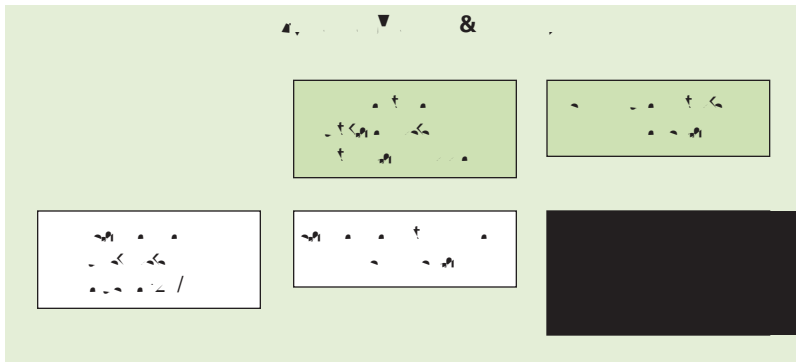
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▶ **Figure 2**

Figure 2 illustrates the process of identifying and addressing barriers to implementation. The process begins with identifying barriers (e.g., lack of resources, lack of knowledge, lack of buy-in) and then addressing them through various strategies (e.g., education, training, incentives, policy changes). The process is iterative and ongoing, with barriers being identified and addressed as needed throughout the implementation process.



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