**Supplemental 2. CNL Operational Logic Model Theorized Inputs, Activities, and Outcomes**

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| Macrosystem (VHA) | | |
| Inputs | Activities | Outcomes |
| * System leadership support * Strategic plan * Funding (I&E Service, VANEEP CNL, etc.) * Resources to support sustainment | * System level support for role (e.g. orientation, EBP and improvement processes, etc.) * System support for integration of role (HR, nursing standards boards, etc.) * Support collaboratives (AIM) * Support dissemination of implementation, activities, and other * Partnership activities (SONs) * Identify standards for success * Identify/develop metrics * Ongoing evaluation | * # of CNLs * # facilities/units with CNL embedded * VHA quality indicators (falls, PU, HAI, patient satisfaction, staff satisfaction, etc.) * Broad ONS strategy goal accomplishment * Recognized national leadership and expertise on model evolution |
| **Mesosystem (Facility)** | | |
| Inputs | Activities | Outcomes |
| * Leadership support facility leadership * Defined role incorporated into care delivery model * Recruitment/selection * Collective bargaining unit links | * HR processes * Posted job descriptions * Defined role incorporated into care delivery model * CNL professional development (orientation, ongoing training) * Partnership activities * Identify standards for success * Identify/develop metrics * Ongoing evaluation | * Quality indicators (falls, PU, HAI, etc.) * Financial outcomes (LOS, readmissions, etc.) * Patient satisfaction * Staff satisfaction * Retention CNL * Nursing practice transformation |
| **Microsystem (Unit)** | | |
| Inputs | Activities | Outcomes |
| * Leadership support unit leadership * Defined role incorporated into unit care delivery model * Recruitment/selection * CNL professional development (orientation, ongoing training) * Role preparation (education and experience) | * Point of care clinical leadership * Microsystem outcomes management (identification, collection of data, evaluation, improvement activities) * Risk anticipation * Lateral integration of clinical care * Design and implementation of EBP * Team leadership and collaboration across disciplines * Addresses practice issues within the microsystem * Information management * Resource stewardship * Advocacy for patients and team | * Quality indicators (falls, PU, HAI, etc.) * Financial outcomes (LOS, readmissions, etc.) * Patient satisfaction * Staff satisfaction * Retention CNL * Nursing practice transformation |