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

|  |
| --- |
| 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
 |