**Module 6 Assignment: Implementation**

**Introduction**

Previously, we identified the strategies to be considered when introducing evidence-based intervention for schizophrenia. This time, the focus is on the implementation of the intervention, which involves adoption, implementation, and maintenance (Metz, Blase, & Bowie, 2007). The paper seeks to describe the intervention activities for implementing EBP for schizophrenia as well as the administrative tasks to ensure program fruition.

There are three primary activities involved in implementing an evidence-based intervention; Adoption, implementation, and maintenance.

**Adoption**

This is the preliminary phase of implementation, and it involves exploration and preparation of the program (Metz, Blase, & Bowie, 2007). The adoption of EBP can take up to 2 months. The first month is for exploring the options, status of the program and best practices for schizophrenia populations. The second month will involve preparing funds, organizing personnel, establishing policies and standards, identifying equipment, and seeking administrative support to facilitate the implementation (Metz, Blase, & Bowie, 2007). The role of the administration is to ensure all stakeholders reach a memorandum of understanding to set resources, infrastructure, and a viable structure for the success of the program. The adoption will be assessed based on the knowledge attained by stakeholder for its execution and feasibility in allocating researchers as well as standards of adoption (Eldredge et al. 2016a). The key indicators include the level of awareness attained by users, what they expect, and efficacy in implementing taking the program to the next stage (Eldredge et al. 2016b).  The data sources include accessing organization reports, user feedback, and evaluations from schedulers. This data will be obtained through site visiting, survey, and brainstorming during the exploration stage (Eldredge et al. 2016b). The results will be used to organize funds, personnel, and equipment, and influence possible amendments on policies and procedures desired for optimizing adoption outcomes (Eldredge et al. 2016a).

**Implementation**

This is the second activity in executing evidence-based intervention for schizophrenia. This stage can take about two months to mature. It involves early and full implementation (Metz, Blase, & Bowie, 2007). At early implementation will set sail at the third month and it involves allocating staff, recruiting participants and aligning organizational support to influence the implementation. Full implementation will follow at the fourth month whereby new staff and participants will have attained full-scale service delivery, identified optimal patterns in making solutions, and institutionalized the program accordingly (Metz, Blase, & Bowie, 2007). The role of the administration is to create a favorable learning environment for program users and influencers by controlling leadership and underlying management systems (Eldredge et al. 2016a). This also includes organizing human resources to attain desired outcomes, initiating collaborative thinking and advocating for high-quality result orientation among practitioners. The program will be assessed through appraising the perceived norms of the program, measuring outcomes versus expectations, and the autonomous performances (Eldredge et al. 2016b). The indicators include self-efficacy and skills attained by program practitioners, demonstrated capacity building, and smooth facilitation of processes. This inflation can be obtained from the management analysis, the supervisor’s report, and perspective held by recipients of the intervention (Eldredge et al. 2016b). It can be accessed through monitoring feedback from the participants and influencers during early implementation and after full implementation. The results can be used to provide alternatives for catalyzing the level of service delivery, adjusting procedures, and introducing striking practices to optimize the outcomes desired from the program (Eldredge et al. 2016a).

**Maintenance**

This is the final activity in implementing an evidence-based intervention for schizophrenia and can be executed in two months. Under this activity, there is sustainability and innovation (Metz, Blase, & Bowie, 2007). Upon implementing, the fifth month of program intervention includes sustaining viable outcomes through increasing knowledge and funding to improve the program delivery. Conversely, at the sixth and final month, certain innovation can be accommodated to influence potential improvements through consultations and seeking advice from experts (Metz, Blase, & Bowie, 2007). At this point, the role of the administration is to provide adequate funds and technical support to foster new ideas and innovations for optimizing the program delivery (Eldredge et al. 2016a). Further, the program will be assessed by testing the performance of the initial budget allocated for the implementation to determine the future requirements for funding. Also, the outcomes reported can be tested against the established template to determine the need for and proper improvements (Eldredge et al. 2016b). The indicators for this activity include determining the external validity the program to the target population by assessing if the budget allocated and improvements initiated reach the desired performance. The sources of data include financial reports associated with the program and outcome reports per the template used for implementing the program. This data will be assessed through assessing financial reports and conducting face-to-face interactions with the participants and monitoring their feedback during and after the sustainability and innovation process (Eldredge et al. 2016b). The results can be used to determine and maintain adequate funding and ensure initial resources are appropriate in the early stages of implication (Eldredge et al. 2016a).

**Conclusion**

Conclusively, the activities discussed above can offer a steadfast and sure approach for implementing an evidence-based intervention for schizophrenia. Therefore, by integrating the components outlined for practitioners appropriately can benefit the target audience by providing effective and desired interventions (Metz, Blase, & Bowie, 2007).

**Logic model for intervention implementation**

**References**

Eldredge, L. K. B., Markham, C. M., Ruiter, R. A., Kok, G., & Parcel, G. S. (2016a). *Planning health promotion programs: an intervention mapping approach*. (4th ed.). (pp. 1-27). Boston:John Wiley & Sons.

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Metz, A. J., Blase, K., & Bowie, L. (2007). Implementing evidence-based practices: Six “drivers” of success. *Research-to-Results Brief*.