Distress behaviors in dementia (DBD) are common in nursing home settings, are distressing, and result in poorer outcomes for residents and staff. We present on the implementation of STAR-VA, an interdisciplinary intervention for effective management of DBD in Veterans Health Administration (VA) nursing home settings, called Community Living Centers (CLCs). A primary focus of this symposium is the use of implementation science concepts to improve and sustain evidence-based programs through tailored implementation strategies and key partnerships. Key implementation science concepts from conceptual frameworks, including the Consolidated Framework for Implementation Research (CFIR) and the use of organizational Knowledge Reservoirs (KR) for sustaining new clinical practices, formed the basis of this work. Their application in health care practice will be discussed using STAR-VA as an exemplar. Interdisciplinary CLC staff feedback during STAR-VA implementation and sustainment is presented, including feedback regarding barriers to integrating new program interventions into usual care processes. Mapping key implementation strategies onto reported barriers informed development of implementation tools and strategies designed to guide adaptations tailored to the needs of the residents and frontline staff, increasing the chances of successful sustainment. Finally, we highlight the importance of key leadership partnerships in implementation of evidence-based programs to improve care of residents with DBD and present strategies for developing these partnerships. Discussion will include the importance of using implementation science to implement evidence-based interventions for effective management of DBD and strategies for sustainment of these effective practices into usual care.

TRANSLATING SCIENCE INTO PRACTICE AND MAKING IT STICK: SYSTEM-LEVEL APPROACHES
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The delay between establishing evidence-based practice and implementing this evidence base is well documented. This presentation will focus on the application of implementation science principles to real-world clinical programs. A VA priority is to implement evidence-based practice for management of DBD in CLCs. Key implementation science concepts will be introduced, along with a description of how these conceptual models facilitate application of roll-out and sustainment of complex evidence-based interventions. Conceptual frameworks that contributed to intervention selection and facilitation of STAR-VA implementation, including the Consolidated Framework for Implementation Research (CFIR) and Knowledge Reservoirs (KR) framework, and their application in health care practice, will be discussed. The CFIR Expert Recommendation for Implementing Change (ERIC) Mapping Tool will be introduced as useful to identify strategies that address barriers to sustaining implementation. Attendees will be provided with resources to support implementation and sustainment efforts.

BARRIERS TO SUSTAINED IMPLEMENTATION OF STAR-VA AND STRATEGIES TO OVERCOME THEM
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STAR-VA is an evidence-based, interdisciplinary program helping CLC teams effectively manage DBD. We conducted interviews with 42 key informants involved with STAR-VA implementation in 20 CLCs, guided by a sustainment framework, to understand facilitators and barriers to sustained implementation. We used directed content analysis to identify barriers and mapped them to the CFIR-ERIC Mapping Tool to identify associated implementation strategies. We identified six barriers: 1) staffing issues, 2) lack of written policies, 3) staff buy-in, 4) limited leadership support, 5) exclusion of STAR-VA criteria in performance evaluations, and 6) service line silos. We identified six strategies to overcome these barriers, three strategies most frequently mapped to reported barriers to STAR-VA sustainment: 1) assessing local CLC readiness, facilitators and addressable barriers; 2) identifying and preparing new champions; and 3) altering incentive/allowance structures. The identified strategies can be packaged to further integrate STAR-VA into usual CLC care processes to optimize program sustainability.

LISTENING TO CLINICAL TEAMS: DEVELOPING STRATEGIES TO SUPPORT SUSTAINED STAR-VA IMPLEMENTATION
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Feedback obtained from program evaluations and interviews with CLC team members who participated in STAR-VA helped to inform the development of sustained implementation strategies guided by the CFIR-ERIC Mapping Tool. A CLC readiness assessment was developed to guide selection of new champions and assess for local team readiness to implement STAR-VA. Virtual training materials were developed along with a champion training checklist to prepare additional champions and support team training. We identified key implementation steps and optional strategies to support sustained implementation, developed a sustained implementation guide, associated sustained implementation checklist, and sustainability toolkit. We are piloting a