The purpose of this project was to improve APRN-RN communication. Background: Delirium is a disorder of the brain, with key features of inattention and global cognitive impairments that can result in prolonged hospitalization, increased health care costs, permanent cognitive impairment, and functional decline. Despite its importance, health care professionals often fail to recognize delirium, which can delay treatment. In a recent qualitative study exploring factors that influence staff nurse detection of delirium, hospital-based Advanced Practice Registered Nurses (APRNs) were described as instrumental to staff nurse delirium identification and management. Specifically, staff nurses recognized APRNs were collaborative, knowledgeable, and accessible, attributes essential to effective nurse-provider communication. Setting: Participants were employed in a hospital (either tertiary or quaternary) in a large Midwest Health Care System. Study Design: Sample: APRNs (N=9) providing direct care to patients at risk for delirium, volunteered to participate. Participants were female (100%) with an average eight years of APRN experience. A diverse sample of APRN specialties were represented: critical care, cardiac surgery, pulmonary, geriatrics, neuro-oncology, wound care and hyperbaric medicine, hospice, and palliative care. Preliminary Results: Aim 1&2: APRN Clinical Reasoning Process: A number of factors influenced the APRN's clinical reasoning process: type of APRN specialty, patient population, past experiences, knowledge, interprofessional interactions, and perceived scope of practice. Delirium recognition varied by APRN specialty. Some APRN practices provided an opportunity to assess the patient before the hospitalization or onset of illness, while others were regularly consulted during hospitalization and after the onset of illness when behaviors were difficult to manage. Challenges with interpreting the variable presentation of delirium remain. Uniformly, APRNs utilized a process of "diagnosis by exclusion" and prioritized ruling out underlying acute disease processes before and after a diagnosis of delirium was made. Aim 3: APRN-RN Communication: The detection, diagnosis, and management of delirium in the inpatient hospital setting by exploring interprofessional communication between staff nurses and APRNs. Specific project aims included: To increase our understanding of the clinical reasoning processes used by APRNs in the inpatient setting to detect delirium, To increase our understanding about how APRNs gather information to identify baseline status when delirium is suspected, To identify factors that influence effective communication between APRNs and staff nurses, and To gather APRNs' input about recommendations to improve staff nurse detection of delirium. Methods: Participants attended one of three 60-minute focus groups. A structured interview guide was used. The focus groups were audiotaped and observational notes taken. Audiotapes were transcribed and coded. The transcriptions and related notes were reviewed for accuracy. NVivo 12 software was used for data management and thematic analysis. Analysis was concurrent and iterative. Conclusions & Implications: APRNs bring a breadth of knowledge and experience to the detection, diagnosis, and management of delirium. APRN-RN communication is very important to the APRN’s delirium clinical reasoning process. A limitation of this study is that participant self-selection may have resulted in APRNs being biased towards delirium research and APRN-RN communication. APRNs outlined several recommendations to support RN collaboration in the management of delirium. These recommendations provide direction for future investigations of RN-APRN communication in the detection, diagnosis, and management of delirium.