The purpose of this project was to improve APRN-RN communication in the inpatient hospital setting by exploring interprofessional communication between staff nurses and APRNs. Specific project aims included:

1) To increase our understanding of the clinical reasoning processes used by APRNs in the inpatient setting to detect delirium,
2) To increase our understanding about how APRNs gather information to identify baseline status when delirium is suspected,
3) To identify factors that influence effective communication between APRNs and staff nurses, and
4) 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.

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.

SETTING:
• Participants were employed in a hospital (either tertiary or quaternary) in a large Midwest Health Care System.

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 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 rules out underlying acute disease processes before and after a diagnosis of delirium was made.

AIM 3. APRN-RN COMMUNICATION

AIM 4. APRN-LED RECOMMENDATIONS FOR IMPROVED DETECTION

<table>
<thead>
<tr>
<th>Factors</th>
<th>Strengths &amp; Weaknesses</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIMING</td>
<td>Timeliness of RN-APRN and APRN-RN communication was preferred, but often delayed due to lack of staff time, knowledge deficits, and inconsistent interprofessional interactions.</td>
<td>Integrate at-risk screening tools into nursing workflow to identify patients at risk for delirium, encourage early communication, and implement preventive care measures.</td>
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<tr>
<td>MODE</td>
<td>Initial RN-APRN and APRN-RN communication was routine verbal which allowed for essential exchange of information.</td>
<td>APRNs and RNs follow-up with documentation in the EHR to communicate the presence of delirium for current and future health care encounters.</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>Initial and follow-up APRN-RN communication was important to align RN practices with the goals of care.</td>
<td>APRNs and RNs maintain consistency and clarity when communicating the goals of care to members of the interprofessional team and to family members.</td>
</tr>
<tr>
<td>CONTENT</td>
<td>Initial RN-APRN communication was lacking SBAR: Situation, Background, Assessment, Recommendation structure, and information needed to aid the APRN clinical reasoning process.</td>
<td>Provide RN education focused on the hallmarks of delirium screening, as well as predisposing and precipitating factors of delirium.</td>
</tr>
<tr>
<td>INTER-PERS NO</td>
<td>Initial and follow-up APRN-RN communication was enhanced by the APRN’s unique understanding of RN practice and empathy for RNs managing difficult patients with delirium.</td>
<td>APRNs continue to support, encourage, and guide RN practice and care of patients with delirium.</td>
</tr>
<tr>
<td>ACTION TAKEN</td>
<td>Implementation of nurse-led inventions prior to initial RN-APRN and APRN-RN communication was preferred and helped inform the APRN clinical reasoning process and patient management.</td>
<td>Organizational support for RNs to implement and sustain nursecare interventions for delirium while reducing RN burnout. Develop a unified, step-wise approach to pharmacological management of delirium for APRNs.</td>
</tr>
</tbody>
</table>

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.

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