Emergency departments (EDs) are critical in providing healthcare needs for older adults (age ≥ 65yrs).

Up to 40% of older adult ED patients exhibit cognitive impairment at time of visit.

Persons living with dementia (PLWD) are at a greater risk for poor health outcomes following an ED visit.

Many processes, protocols, and care models targeting older patients remain untested in the ED setting.

Limited literature pool on topic.

Specific focus on ED-to-community discharge may neglect other care transitions to and from the ED.

Scoping review search methodology may have introduced additional heterogeneity.

GEAR 2.0-ADC includes:
- Committees that guide operations
- Taskforce of stakeholder members
- Specialized cores
- Taskforce members participated in one or more workgroups

Our scoping reviews revealed:
- Limited dementia care research in ED settings exists
- Lack of patient-centered interventions for PLWD in the ED space
- Further pragmatic investigations into PLWD in real-world settings are needed

GEAR 2.0 Network will fund three pilot projects that adhere to the determined research priorities.

The GEAR 2.0 infrastructure will provide guidance to these projects to support them in becoming larger, NIH-funded studies.

GEAR 2.0-ADC includes:
- Committees that guide operations
- Taskforce of stakeholder members
- Specialized cores
- Taskforce members participated in one or more workgroups

Taskforce members identified four research areas for workgroup prioritization:
- Communication & Decision-Making
- Dementia Detection
- ED Care Practices
- ED Care Transitions

2 Patient-Intervention-Comparison-Outcome (PICO) questions per topic were developed.

Scoping reviews in these areas of focus were performed using the respective PICOs:
- Overseen by medical librarians
- PRISMA-ScR guidelines were followed
- Taskforce members made final adaptations and rank-voted research priorities based on scoping review findings
- GEAR 2.0-ADC made a purposeful effort to enable PLWD to engage in the research network

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