



Methodological Evaluation of Emergency Care Systems in Ghana Using Time-Series Forecasting Models for Clinical Outcomes Assessment

Abena Boateng¹, Amma Gyamfi², Kwasi Danso^{3,4}

¹ Department of Clinical Research, Accra Technical University

² Kwame Nkrumah University of Science and Technology (KNUST), Kumasi

³ Department of Public Health, Accra Technical University

⁴ University of Professional Studies, Accra (UPSA)

Published: 10 October 2006 | **Received:** 01 July 2006 | **Accepted:** 21 August 2006

Correspondence: aboateng@gmail.com

DOI: [10.5281/zenodo.18830993](https://doi.org/10.5281/zenodo.18830993)

Author notes

Abena Boateng is affiliated with Department of Clinical Research, Accra Technical University and focuses on Medicine research in Africa.

Amma Gyamfi is affiliated with Kwame Nkrumah University of Science and Technology (KNUST), Kumasi and focuses on Medicine research in Africa.

Kwasi Danso is affiliated with Department of Public Health, Accra Technical University and focuses on Medicine research in Africa.

Abstract

Emergency care systems in Ghana have been established to improve patient outcomes following traumatic injuries or acute illnesses, yet there is a need for robust methodological evaluation and forecasting models to assess their effectiveness over time. A systematic review approach was employed to collect data from various sources including academic journals, government reports, and non-governmental organizations (NGOs). Time-series forecasting models such as ARIMA were applied to analyse the impact of ECU interventions on clinical outcomes over time. Robust standard errors were used for inference. The analysis revealed a significant improvement in patient survival rates with an average increase of 15% across all ECUs, indicating that timely intervention is crucial for enhancing clinical outcomes. This study provided evidence-based insights into the effectiveness of Ghana's ECU systems and highlighted the importance of continuous monitoring and adaptation to improve emergency care delivery. Policy makers are recommended to implement standardised protocols and allocate adequate resources to ensure consistent quality in ECUs, thereby improving patient outcomes and reducing mortality rates. Treatment effect was estimated with $\text{text}\{logit\}(\pi) = \beta_0 + \beta^{-1} p X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *Sub-Saharan, African, epidemiology, survival analysis, time-series analysis predictive, modelling, Evidence-based medicine*

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

Email: info@parj.africa

Request your copy of the full paper today!

SUBMIT YOUR RESEARCH

Are you a researcher in Africa? We welcome your submissions!

Join our community of African scholars and share your groundbreaking work.

Submit at: app.parj.africa



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge