

# Evaluating Emergency Care Systems in Uganda

*A Quasi-Experimental Analysis of Clinical Outcomes and Service Delivery*

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## ABSTRACT

**Background:** Emergency care systems in sub-Saharan Africa are underdeveloped, with a critical lack of evidence on the effectiveness of formalised emergency units in improving patient outcomes. This gap hinders targeted investment and policy formulation for health system strengthening.

**Purpose and objectives:** This study aimed to quantify the impact of implementing standardised emergency care units (ECUs) on clinical outcomes and service delivery metrics within a resource-constrained health system.

**Keywords:** *Emergency medicine, Sub-Saharan Africa, Quasi-experimental design, Clinical outcomes, Health systems evaluation, Uganda*

### Article Highlights

- ECU implementation reduced 24-hour in-hospital mortality (aOR 0.72, 95% CI 0.58–0.89).
- Median time to clinician assessment decreased from 98 to 38 minutes in intervention sites.
- Adherence to structured triage protocols improved from 15% to 78% post-implementation.
- Study provides robust evidence for scaling standardised emergency units in district hospitals.

### Methodological Note

A quasi-experimental, controlled before-and-after design across twelve matched district hospitals was used to isolate the effect of the emergency care unit intervention from secular trends.

*This analysis provides critical evidence for health system investment in sub-Saharan Africa.*

## ABSTRACT-ONLY PUBLICATION

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

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