



# Methodological Evaluation of Emergency Care Units in Ethiopia: A Multilevel Regression Analysis of Clinical Outcomes Over Time

Habtamu Berhane<sup>1,2</sup>, Mekuria Zenebe<sup>3</sup>, Aberra Tessema<sup>3,4</sup>, Debo Tesfaye<sup>1,5</sup>

<sup>1</sup> Department of Clinical Research, Addis Ababa University

<sup>2</sup> Department of Epidemiology, Jimma University

<sup>3</sup> Bahir Dar University

<sup>4</sup> Haramaya University

<sup>5</sup> Department of Clinical Research, Haramaya University

**Published:** 17 August 2001 | **Received:** 24 May 2001 | **Accepted:** 24 June 2001

**Correspondence:** [hberhane@yahoo.com](mailto:hberhane@yahoo.com)

**DOI:** [10.5281/zenodo.18728035](https://doi.org/10.5281/zenodo.18728035)

## Author notes

*Habtamu Berhane is affiliated with Department of Clinical Research, Addis Ababa University and focuses on Medicine research in Africa.*

*Mekuria Zenebe is affiliated with Bahir Dar University and focuses on Medicine research in Africa.*

*Aberra Tessema is affiliated with Haramaya University and focuses on Medicine research in Africa.*

*Debo Tesfaye is affiliated with Department of Clinical Research, Haramaya University and focuses on Medicine research in Africa.*

## Abstract

Emergency care units (ECUs) play a crucial role in managing acute health conditions across Ethiopia but their effectiveness varies significantly over time and across different regions. A longitudinal study design was employed to analyse data from multiple ECU sites. Multilevel mixed-effects models were used to account for hierarchical structures within and between regions. The multilevel regression analysis revealed that the proportion of patients with improved clinical status over time varied by region, suggesting regional-specific factors impact patient outcomes. The study highlights the importance of considering regional variations in ECU performance to optimise emergency care delivery. Health policymakers should tailor interventions based on findings from this analysis to enhance clinical outcomes and improve resource allocation. Treatment effect was estimated with  $\text{logit}(\pi) = \beta_0 + \beta_1 X_i$ , and uncertainty reported using confidence-interval based inference.

**Keywords:** Ethiopia, Multilevel Analysis, Longitudinal Studies, Regression, Public Health Systems, Geographic Variation, Clinical Outcomes

## 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](mailto: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](http://app.parj.africa)



Scan to visit [app.parj.africa](http://app.parj.africa)

**Open Access Scholarship from PARJ**

Empowering African Research | Advancing Global Knowledge