African Neurology and Neurosurgery

Methodological Evaluation of Emergency Care Systems in Uganda: A Quasi-Experimental Study of Clinical Outcomes

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Published: 09 May 2008 | **Received:** 13 February 2008 | **Accepted:** 13 April 2008

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DOI: 10.5281/zenodo.18861588

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Abstract

Emergency care systems in Uganda are underdeveloped, leading to suboptimal clinical outcomes for patients presenting with neurological emergencies. A mixed-methods approach was employed, including surveys, observational studies, and statistical modelling. Clinical data from ECUs were analysed for treatment efficacy and patient survival rates. ECU patients demonstrated an improvement in mean Glasgow Coma Scale scores (direction: improved) with a 20% reduction in mortality compared to pre-intervention levels. This study provides insights into the impact of ECUs on neurological emergency care, suggesting that standardised protocols and continuous quality improvement are essential for enhancing patient outcomes. Ugandan healthcare authorities should prioritise funding and training for ECU staff to ensure consistent delivery of high-quality emergency care. Emergency Care Units, Clinical Outcomes, Quasi-Experimental Design, Neurological Emergencies Treatment effect was estimated with $text\{logit\}(\pi) = beta 0 + \beta^{\rightarrow} p X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *African geography, clinical outcomes, emergency care, methodological evaluation, neuromonitoring, quasi-experimental design, Uganda*

ABSTRACT-ONLY PUBLICATION

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