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| **TIPO DE INDICADOR** |

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|  |  |  | **Estratégico** |  | **De Desempeño** |

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| **ESTRUCTURA DEL PLAN** |

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| **Pilar temático/ eje transversal:** | 1. Social: Estado de México socialmente responsable, solidario e incluyente |
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| **Objetivo del pilar o eje transversal:** | 1.4 Fomentar una vida sana y promover el bienestar para la población en todas las edades. |
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| **Estrategia:** | 1.4.3 Impulsar una cobertura sanitaria universal. |
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| **Líneas de acción:** | 1.4.3.3 Mejorar la calidad de atención médica ambulatoria y de los servicios de salud bucal. |

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| **ESTRUCTURA PROGRAMÁTICA** |

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| **Programa:** | **02.03.02.01 Atención médica** |
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| **Proyecto:** | **02.03.02.01.01.08 Salud Bucal** |
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| **Unidad responsable:** | **21700 Secretaría de Salud** |
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| **Unidad ejecutora:** | **217D0 Instituto Materno Infantil del Estado de México** |
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| **Meta(s) física relacionada:** | * Brindar tratamiento odontológico * Otorgar consulta odontológica |

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| **ESTRUCTURA DEL INDICADOR** |

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| **Id indicador:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre del indicador:** | Promedio de tratamientos odontológicos otorgados. (ISEM, ISSEMYM, IMIEM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Descripción del indicador (interpretación):** | A cada paciente se le debe otorgar un tratamiento odontológico con respecto a la consulta odontológica. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Descripción de la meta anual:** | La meta anual permite evaluar tratamientos odontológicos otorgados a la población demandante de consulta. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Dimensión que atiende:** |  |  | | Eficiencia | | | | | | | |  | |  | Eficacia | | | | | | |  |  | Calidad | | | |  | |  | Economía | | | |
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| **Frecuencia de medición:** |  |  | | Mensual | | | | |  | |  | | Trimestral | | | | | | | |  |  | Semestral | | | | |  | |  | Anual | | | | | |
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| **Descripción del factor de comparación:** | El resultado de tratamientos que se logró atender fue de XXX, con respecto al número de consultas odontológicas que fue de XXX, representando el XXX del otorgamiento de tratamientos estomatológicos integrales con respecto al total de consultas demandas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Valor del factor de comparación:** | **0** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Ámbito geográfico:** |  |  | | Estatal | | | | | | | | | | | | | |  | | Regional | | | | | | | | |  | | |  | Municipal |  |
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| **Cobertura:** | Población menor de 15 y mujeres en edad gestante del Valle de Toluca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Fórmula de cálculo:** | (Tratamientos odontológicos entre las consultas odontológicas) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Tipo de operación:** |  | |  | | Tasas | |  |  | | Relación | | | | | |  |  | | Porcentaje | | | | | |  |  | Variación porcentual | | | | | | | | |
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| **Tendencia:** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **Positivo creciente** |  |  | **Constante** |  |  | **Negativa decreciente** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Línea base:** | 2017: | | | | | XXX tratamientos  XXX consultas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **SEMAFORIZACIÓN** |

| **umbral rojo** | |  | **umbral Naranja** | |  | **umbral Amarillo** | |  | **umbral Verde** | |  | **umbral Morado** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Inf** | **Sup** |  | **Inf** | **Sup** |  | **Inf** | **Sup** |  | **Inf** | **Sup** |  | **Inf** | **Sup** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **http://siprep.edomex.gob.mx/spp2015/img/umbrales.png** | | | | | | | | | | | | | |
| **0.0 - 49.9 %** | |  | **50 - 69.9 %** | |  | **70 - 89.9 %** | |  | **90 - 110.0 %** | |  | **110.01 o + %** | |

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| **CALENDARIZACIÓN** |

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| **VARIABLE DEL INDICADOR** | **UNIDAD DE**  **MEDIDA** | **OPERACIÓN** | **META ANUAL VARIABLES** | **Trimestre** | | | |
| **1** | **2** | **3** | **4** |
| Tratamientos odontológicos | Tratamiento | Suma |  |  |  |  |  |
| Consultas odontológicas | Consulta | Suma |  |  |  |  |  |

**Operación:** (Suma, promedio, Máximo, constante ó valor actual)

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| **DESCRIPCIÓN DEL LOGRO** |

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| **Alcanzado año anterior %** | **Programado año actual %** | **Descripción del logro** |
|  |  | Representa el otorgamiento de tratamientos estomatológicos integrales con respecto al total de consultas demandas. |