

 <p>ALCALDÍA DE SANTIAGO DE CALI</p> <p>DESARROLLO SOCIAL SERVICIO DE SALUD PÚBLICA</p>	<p>MODELO INTEGRADO DE PLANEACIÓN Y GESTIÓN (MIPG)</p>	<p>MMDS01.03.12.P001.F001</p>	
	<p>INFORME DE ACTIVIDADES VIGILANCIA Y DEMOGRAFÍA EN SALUD PÚBLICA SIVIGILA - EISP</p>	<p>VERSIÓN</p>	<p>002</p>

Informe N° 4145.020.14.70.____

1. DATOS GENERALES

Fecha de la actividad	10/oct/2024				
Lugar: Virtual https://meet.google.com/zzb-igat-mvt	Hora: 02:00 pm hasta 04:00 pm				
Actividad dirigida a: Profesional Cove e infecciones	☐ SSPM	☒ UPGD	☐ EPS	☐ ESE	☐ Comunidad
Objetivo: Realizar seguimiento en asistencia técnica plan contingencia componentes vigilancia en salud pública y manejo integral de casos. Eventos trasmitidos por vectores. Plan de Contingencia Dengue 2024.					

2. ACTIVIDAD:

Tipo: Individual ☒ Colectivo ☐

Intervención: Asesoría Técnica ☒ Capacitación ☐ Apoyo Técnico ☐

Mesas de Trabajo ☐ Otro ☐ ¿Cuál?

Componentes de VSP:

Sistemas de información- Sivigila ☒ RUAF ☐ WHONET ☐ Búsqueda activa ☐

Otro ☐ ¿Cuál? Desarrollo del área

Eventos de Interés en Salud Pública ☒

Nombre del evento Dengue Código INS 210 / 220 / 580.

(Cuando en la asesoría técnica se manejen varios EISP registrar el nombre e cada uno con su código)

3. INFORME EJECUTIVO DE LA GESTIÓN O ACTIVIDAD:

<p>I Contenido</p> <ul style="list-style-type: none"> Plan de contingencia componente vigilancia en salud pública. Plan de contingencia componente manejo integral de casos.
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		VERSIÓN	002

II Desarrollo

Se realizó visita por la contratista Martha Cecilia Rodríguez Quintero, funcionaria del grupo de vigilancia en salud pública y demografía de la SDS Cali. Atendió la visita – Dr. Melquin Espinoza- Director de la Sede IPS Pasoancho, Johan Gabriel Bethancourt- Coordinador de Urgencias, Juli Roció López Suárez - Enfermera Administrativa Urgencias y Angelica Vivas Diaz Auxiliar Enfermería de Sivigila.

Teniendo en cuenta los componentes evaluados en la asistencia técnica realizada el día 21 de Mayo 2024.

- Componente vigilancia en salud pública: Se realizó socialización de los aspectos a fortalecer en lo referente al componente de vigilancia en salud pública; las cuales son de estricto cumplimiento por parte de los prestadores de servicios de salud de la ciudad de Cali.
- Componente manejo integral de casos: Se realizó socialización de los aspectos a fortalecer en lo referente al componente de manejo de integral de casos; las cuales son de estricto cumplimiento por parte de los prestadores de servicios de salud de la ciudad de Cali.

Donde se quedaron las siguientes tareas y compromisos para su respectivo seguimiento:

- No cuenta con ruta de mortalidad viscerotomía clara.
- Inoportunidad en los Indicadores de oportunidad para dengue.
- Promedio de espera en el servicio de urgencias 4-5 horas.
- No cuenta con pruebas NS1.
- Realizar capacitación al personal de salud en diligenciamiento de la ficha epidemiológica.

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- No cuenta con personal en caso de incapacidades médicas del talento humano.

Se validó los avances de estas actividades el día 10/10/2024 donde se evidenció lo siguiente:

- Se evidenció que se realiza proceso desde EPS para establecer la naturaleza de la enfermedad que causó la muerte, esto cuando no fue posible llegar a un diagnóstico en vida, además de estudiar la patología que ocasionó la muerte, aun cuando el diagnóstico ha sido establecido previo al fallecimiento. Se comunica que cuentan a la fecha con Ruta establecida con el Hospital Universitario del Valle, desde el transporte.

- Se evidenció a la fecha de visita evento 210 con 3.104 casos reportados, 2.920 casos confirmados por laboratorio, 180 casos probables y 4 casos confirmados por nexo epidemiológicos, oportunos 2.850 casos e inoportunos 254 casos.

Evento 220, con 28 casos notificados, 27 confirmados por laboratorio y 1 caso probable, oportunos 25 casos e inoportunos 3 casos.

Evento 580 no registros.

- Se evidenció mejoría en el promedio de espera en el servicio de urgencias pasando de 4-5 horas a 24 minutos, la estrategia utilizada fue ajustar en el proceso de atención, este proceso se inicia desde el 29 de julio con una transformación en el modelo operativo de urgencias para mejorar la oportunidad de atención general en el servicio, con agendamiento en consultorios para pacientes triage 3,4, y 5. y equipo para casos críticos triage 1 y 2. Socialización del proceso de tiempos de atención de manera diaria a todo el equipo por equipo teams.
- Se evidenció que para la toma de pruebas NS1, de acuerdo con la sintomatología que presente el usuario se tiene definido el algoritmo, para la generación de las autorizaciones, dengue antígeno proteína NS1 cualitativo (prueba rápida), esta prueba se solicita del primero al quinto día de inicio de síntomas en casos graves o con signos de alarma y esta prestación tiene cobertura NOPBS y se solicita por vía MIPRES-SURACUPS – 5005030.

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- Se evidenció socialización masiva mediante correo electrónico sobre TIPS para un adecuado diligenciamiento de Fichas Epidemiológicas con fecha 25 de julio 2024. Se crea un grupo en teams donde podrán realizar el reporte de cada ficha de manera virtual y subir de manera inmediata para ser reportada por el equipo de epidemiología. Se realiza seguimiento a las fichas mal diligenciadas y al personal más recurrente.
- Se evidenció que se cuenta en la IPS con dos estrategias para cubrir el servicio en caso de ausentismo por incapacidades u otras novedades con el personal, dentro del dimensionamiento del recurso humano se cuenta con el número contratado para cubrir ausentismo de acuerdo con el promedio anual de ausentismos.

Se evidenció tablero de dimensionamiento el cual se actualiza de manera mensual según # ingresos por mes. Adicional se evidencia el seguimiento que se realiza a las personas frequentistas del servicio. Por cuadro de turnos se observa disponibilidad diaria para cubrimiento de incapacidad o aumento de la demanda diaria.

Siendo las 04: 00 pm se da por terminada la visita de seguimiento, se lee y se aprueba acta.

TAREAS Y COMPROMISOS ESTABLECIDOS EN ESTA REUNION		
QUÉ HACER	RESPONSABLE	FECHA COMPROMISO
<p>Optimizar los Indicadores de oportunidad en la notificación de casos de dengue.</p> <p>Contar con pruebas de NS1 en la IPS y presentar los soportes donde se evidencie el envío de las muestras (Ns1, IgM, IgG) al laboratorio Departamental.</p> <p>Asignar un profesional exclusivo para las actividades del Comité Vigilancia en Salud Pública en la IPS.</p>	<p>Melquin Espinoza - Director de la Sede IPS Pasoancho.</p>	<p>20/11/2024</p>

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Elaborar el acta	Martha Cecilia Rodríguez Quintero.	10/10/2024

4. RESPONSABLE DE ACTIVIDAD:

Nombres y apellidos	Martha Cecilia Rodríguez Quintero
Cargo:	Contratista de Vigilancia y Demografía en Salud Pública.
Correo electrónico	Martha.rodriguez.gui@cali.gov.co

Elaboró

Free for

MARTHA CECILIA RODRIGUEZ QUINTERO
Contratista
Secretaria de Salud Pública

NOTA: Se anexa listado de asistencia compuesto por ____ (##) folios.

Anexos.

x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	a	b	c	d	e	f	g</
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1. OBJETIVOS DE LA ASISTENCIA:

- Establecer la valoración de la enfermedad que causó la muerte cuando no fue posible llegar a diagnósticos en vida.
- Establecer la patología que causó la muerte, así como el diagnóstico la más probable antes a la defunción.

Nota: Se recuerda, los informes deben ser enviados por correo electrónico a: patologia@medicinaforense.es o por correo ordinario a: medicinaforense@medicinaforense.es o por correo ordinario a: medicinaforense@medicinaforense.es

2. DATOS EN LOS QUE SE DEBE REALIZAR LA DECLARACIÓN DE ATENCIÓN FORENSE (AL FINAL DEL FORMULARIO DEL CUPO DE PATOLOGÍA)

- Causa de muerte en salud pública.
- Pautas para el diagnóstico, pero, cuando no es posible la patología siempre

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