

**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>									HB Section(s): <u>10.900</u>
<b>Time Critical Diagnosis</b>									
<b>Program is found in the following core budget(s):</b>									
	<b>DRL Program Operations</b>								<b>TOTAL</b>
<b>GR</b>	166,363								166,363
<b>FEDERAL</b>	0								0
<b>OTHER</b>	0								0
<b>TOTAL</b>	166,363								166,363

**1a. What strategic priority does this program address?**

To protect health and keep the people of Missouri safe.

**1b. What does this program do?**

The Time Critical Diagnosis (TCD) program is a state-only volunteer program that designates hospitals, based on tier levels, as a Trauma, Stroke, or ST Segment Elevation Myocardial Infarction (STEMI) center, that seeks to ensure that critically ill patients suffering from trauma, stroke, and certain types of heart attack (STEMI) are transported to a hospital that have the capacity to treat them most effectively.

**2a. Provide an activity measure(s) for the program.**

<b>Agencies Regulated by TCD</b>			
	<b>Trauma</b>	<b>Stroke</b>	<b>STEMI</b>
FY 2018	30	57	55
FY 2019	30	65	57
FY 2020	30	67	59
FY 2021 Proj.	31	70	60
FY 2022 Proj.	31	70	61
FY 2023 Proj.	31	70	61

## PROGRAM DESCRIPTION

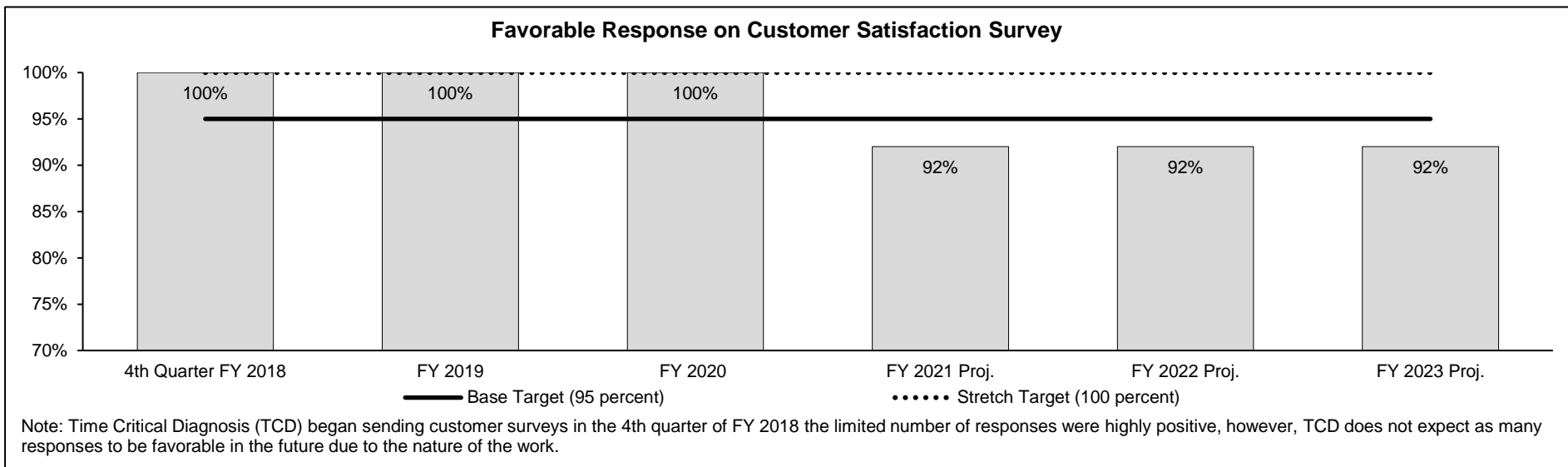
**Health and Senior Services**

HB Section(s): 10.900

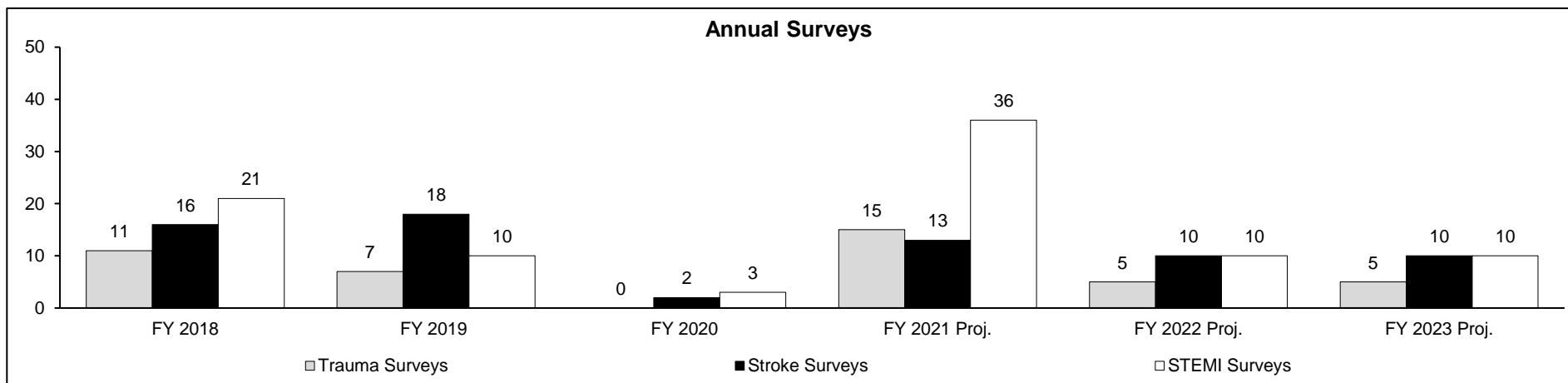
**Time Critical Diagnosis**

**Program is found in the following core budget(s):**

**2b. Provide a measure(s) of the program's quality.**



**2c. Provide a measure(s) of the program's impact.**



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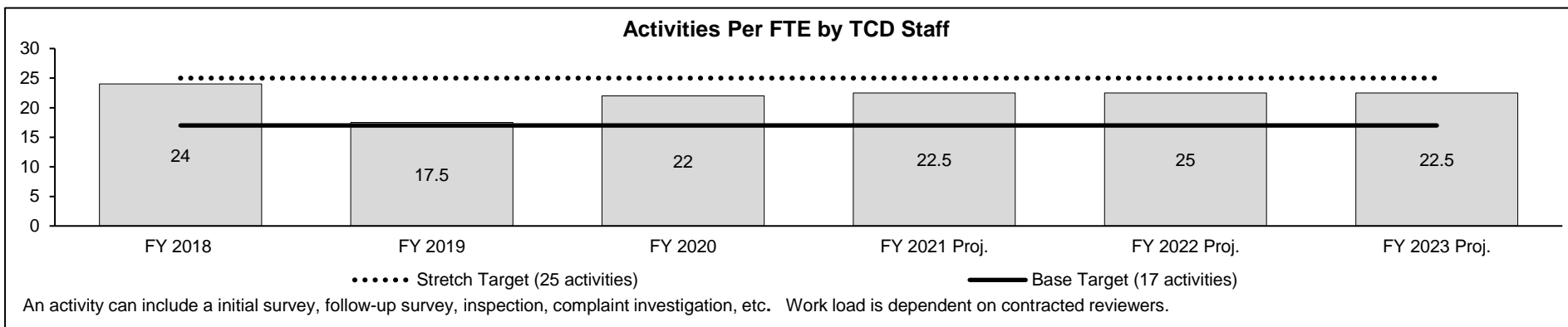
**Health and Senior Services**

HB Section(s): 10.900

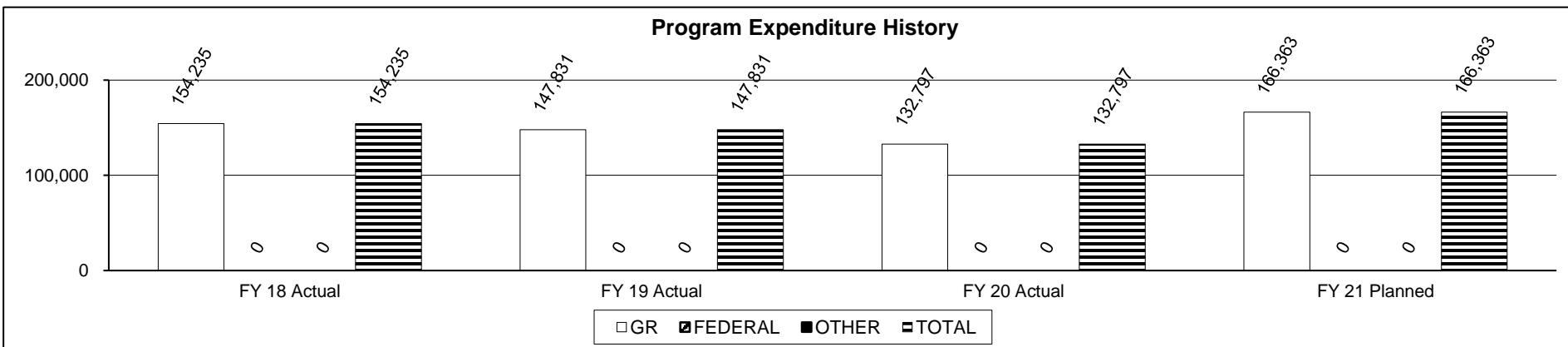
**Time Critical Diagnosis**

**Program is found in the following core budget(s):**

**2d. Provide a measure(s) of the program's efficiency.**



**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



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<b>Health and Senior Services</b>	HB Section(s): <u>10.900</u>
<b>Time Critical Diagnosis</b>	
<b>Program is found in the following core budget(s):</b>	
<b>4. What are the sources of the "Other " funds?</b> Not applicable.	
<b>5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)</b> Sections 190.185 and 190.241, RSMo.	
<b>6. Are there federal matching requirements? If yes, please explain.</b> No.	
<b>7. Is this a federally mandated program? If yes, please explain.</b> No.	