

Report Name: MTQIP7_SAFETY_XX.XLS

Data Element Label	Report Label
Trauma Center (CDM only)	TRAUMACTR
Trauma Center (DI only)	FACILITY_NUM
Demgrph: Trauma Reg #	TRAUMA_NUM
Edadmit: Arrival/Admit Date	ED_ARRDT
Edadmit: Complaint	CHIEFCOMP
Safety Device 1	SAFETY01
Safety Device 2	SAFETY02
Safety Device 3	SAFETY03