**McKnight’s Technology Awards**

**Transitional Care Entry Form**

1 . Is your organization:

[ ] For profit

[ ] Non-profit

2. Can you briefly describe how technology was used to improve transitional care at your facility/community?

3. Can you point to specific quantitative and/or quality-related benefits that were derived from this effort?

4. Please list the vendor(s) who helped in this effort (if relevant)

5. Can you provide us some background information:

Community name:

Contact name:

Contact e-mail:

Contact Phone:

When complete, please email this form to:

[John.oconnor@mcknights.com](mailto:John.oconnor@mcknights.com)

\*\*\* THIS FORM IS FOR REVIEW ONLY \*\*\* THIS IS NOT A FAX SURVEY FORM \*\*\*

YOU MUST COMPLETE ALL ACTIVITIES SURROUNDING THIS FORM AT https://www.mblast.com/mr.asp?2.263950.8