Application Form

Profile				
Cassandra		Deen		
First Name	Middle Initial	Last Name		
Home Address			Suite or Apt	
			NV	
City			State	Postal Code
Email Address			_	
Renown Health Employer	Dir Clinical Excellence			
Primary Phone		one		
How long have you l	ived in Washo	e County? *		
✓ 30+ years				
What district do you	ı live in? *			
✓ District 4 - Commissi	oner Andriola			
Find your Commission	er District <u>HERE</u>	Į.		
Interests & Experie	ences			
Which Boards would	you like to ap	oply for?		
Emergency Medical Serv	vices Advisory Bo	pard: Submitted		
Question applies to Emergency What position are ye				
	Quality Improver	nent Representative	2	
Question applies to Emergency Do you have persone be impacted by boar	al aspirations		flicts of inter	est that could
No				

Submit Date: Nov 12, 2025

Please tell us about yourself

Why are you interested in being part of this board, commission, or academy?

I'm interested in a board position focused on quality improvement and collaboration with emergency medical services because I'm passionate about advancing patient outcomes through system-level improvements. EMS plays a critical role as the first point of contact in the continuum of care, and strengthening that connection between prehospital and hospital systems can have a profound impact on safety, efficiency, and patient experience

How do you feel you are qualified to serve on this board? Include any past experience, as well as serving on other board/commissions.

I feel qualified to serve on this board because of my experience and commitment to advancing clinical quality and patient safety. Over the course of my career, I have developed expertise in quality improvement methodologies, performance improvement measurement, regulatory compliance, and evidence-based practice. I understand both the strategic and operational aspects of healthcare quality. Experience in transcribing data into actionable insights and how to engage clinical teams in meaningful improvement efforts.

Do you currently serve on any boards/committees or volunteer?

○ Yes ⊙ No

If yes, please list the boards/committees or volunteer programs.

11.12.2025 CD Resume updated.docx

Resume

CD Letter 11.12.2025.pdf

Letter of Recommendation

Please Agree with the Following Statement

I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal.

✓ I Agree

Demographic Information

The purpose of collecting demographic information is to gain a comprehensive insight into the applicant pool. It is important to note that none of the demographic questions will affect the selection process for a position, ensuring that everyone has an equal opportunity to be considered.

What is your age range? *

☑ 35-44 years old

What gender do you identify as? *

▼ Female

Which race/ethnicity best describes you? *

☑ White / Caucasian

What is your highest level of school completed? If enrolled, highest degree received? *

✓ Master's degree (e.g. MBA, MS, MEd)

What is your employment status? *

What is your total household income? *

✓ More than \$200,000

Current or Past Washoe County Leadership Academy (WCLA) participant?

Nepotism

Are you a current employee of or related to anyone employed by Washoe County by blood or marriage?

o Yes ⊙ No

If yes, list the names and relationship of all persons you are related to. If you are an employee, list "Washoe County Employee" below:

Please note that after submitting your application, it becomes part of the public record and is available for public viewing. Personal information is redacted.