



MEETING AGENDA EXECUTIVE COMPENSATION COMMITTEE OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Thursday, November 6, 2025 – 3:00pm

El Camino Hospital | Sobrato Board Room 1 | 2500 Grant Road, Mountain View, CA 94040

Wayne Doiguchi will be participating from El Camino Hospital, Conference Room ACR, 815 Pollard Rd, Los Gatos, CA 95032

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 929 3652 0505#. No participant code. Just press #.

To watch the meeting, please visit:

[Committee Meeting Link](#)

NOTE: In the event that there are technical problems or disruptions that prevent remote public participation, the Chair has the discretion to continue the meeting without remote public participation options, provided that no Committee member is participating in the meeting via teleconference.

A copy of the agenda for the Regular Committee Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650) 988-3218** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1	CALL TO ORDER/ROLL CALL	Wayne Doiguchi, Chair		3:00 pm
2	CONSIDER APPROVAL FOR AB 2449 REQUESTS	Wayne Doiguchi, Chair	Possible Motion	3:00 pm
3	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Wayne Doiguchi, Chair	Information	3:00 pm
4	PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons to address the Committee on any matter within the subject matter jurisdiction of the Committee that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Public Comments <i>Comments may be submitted by mail to the El Camino Hospital Executive Compensation Committee at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Committee as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.</i>	Wayne Doiguchi, Chair	Information	3:00 pm
5	CONSENT CALENDAR ITEMS: <i>Any Committee Member or member of the public may remove an item for discussion before a motion is made.</i> a. Approve Minutes of the Open Session of the ECC Meeting (09/25/2025) b. Receive FY26 Committee Goals/Pacing Plan	Wayne Doiguchi, Chair	Motion Required	3:00 – 3:05
6	ECC SELF ASSESSMENT RESULTS	Wayne Doiguchi, Chair Deanna Dudley, CHRO	Discussion	3:05 – 3:35
7	PROCESS REVIEW: CEO PERFORMANCE ASSESSMENT	Wayne Doiguchi, Chair Dan Mayfield, SullivanCotter Paula Robinson, Sullivan Cotter	Discussion	3:35 – 3:45
8	PROCESS REVIEW: EXECUTIVE PERFORMANCE MANAGEMENT	Dan Woods, CEO Deanna Dudley, CHRO	Discussion	3:45 – 4:00
9	RECESS TO CLOSED SESSION	Wayne Doiguchi, Chair	Motion Required	4:00 – 4:01

Agenda: Executive Compensation Committee
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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
10	SUCCESSION AND DEVELOPMENT PLANNING <i>Gov't Code Section 54957 and 54957.6 for a report and discussion on personnel matters – Executive Management.</i>	Dan Woods, CEO Deanna Dudley, CHRO	Discussion	4:01 – 4:16
11	EXECUTIVE SESSION <i>Gov't Code Section 54957 and 54957.6 for a report and discussion on personnel matters – CEO.</i>	Wayne Doiguchi, Chair Dan Mayfield, SullivanCotter Paula Robinson, Sullivan Cotter	Discussion	4:16 – 4:40
11	APPROVE MINUTES OF THE CLOSED SESSION OF THE EXECUTIVE COMPENSATION COMMITTEE - Minutes of the Closed Session of the ECC Meeting (09/25/2025) <i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i>	Wayne Doiguchi, Chair	Motion Required	4:40 - 4:42
12	RECONVENE TO OPEN SESSION	Wayne Doiguchi, Chair	Motion Required	4:42 – 4:43
13	REPORT OUT FROM CLOSED SESSION	Tracy Fowler, Director, Governance Services	Information	4:43 – 4:44
14	COMMITTEE ANNOUNCEMENTS	Wayne Doiguchi, Chair	Discussion	4:44 – 4:50
15	ADJOURNMENT	Wayne Doiguchi, Chair	Motion Required	4:50 pm



**Minutes of the Open Session of the
Executive Compensation Committee
of the El Camino Hospital Board of Directors
Thursday, September 25, 2025**

El Camino Hospital, Sobrato Boardroom 2, 2500 Grant Road, Mountain View, CA 94040

Members Present

Wayne Doiguchi, Chair
Don Watters, Vice-Chair
Tom Asmar
Todd Shaw
George Ting, MD

Members Absent

Mary Hassett
Estrella Parker

** via teleconference

Others Present

Dan Woods, CEO
Deanna Dudley, CHRO
Jaision Layney, Interim Director, Total Rewards**
Tracy Fowler, Director, Governance Services
Dan Mayfield, SullivanCotter
Paula Robinson, SullivanCotter

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Executive Compensation Committee of El Camino Hospital (the " <u>Committee</u> ") was called to order at 4:03 p.m. by Chair Wayne Doiguchi. A verbal roll call was taken. Ms. Hassett and Ms. Parker were absent. A quorum was present.	Meeting called to order at 4:030 p.m.
2. CONSIDER APPROVAL FOR AB 2449 REQUESTS	All present members of the committee attended in-person. No consideration of approval for AB-2449 requests were needed.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Doiguchi asked if any of the Committee members had a conflict of interest with any of the items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	Chair Doiguchi invited the members of the public to address the Committee. No members of the public were present and there was no written communication.	
5. CONSENT CALENDAR	Chair Doiguchi asked if any member of the Committee or the public wished to remove an item from the consent calendar for further discussion. No items were removed. Motion: To approve consent calendar Movant: Ting Second: Watters Ayes: Asmar, Doiguchi, Shaw, Ting, Watters Noes: None Abstentions: None Absent: Hassett, Parker Recused: None	Consent calendar approved. - Minutes of the Open Session of the ECC Meeting (June 5, 2025) Approved - Updated Committee Governance Policy Received - ECC Assignments related to Committee Governance Policy Received - FY26 Committee Goals/Pacing Plan Received
6. RECESS TO CLOSED SESSION	Motion: To recess to closed session at 4:06 p.m. Movant: Watters Second: Ting Ayes: Asmar, Doiguchi, Shaw, Ting, Watters Noes: None Abstentions: None Absent: Hassett, Parker	Recess to closed session at 4:06 p.m.

	Recused: None	
7. AGENDA ITEM 14: REPORT OUT FROM CLOSED SESSION	The Open Session reconvened at 6:08 p.m. During the Closed Session the Executive Compensation Committee approved the closed session minutes of the June 5, 2025 ECC meeting.	
8. AGENDA ITEM 15: AGENDA ITEM 7 VOTE: RECOMMENDATION TO BOARD FY25 ORGANIZATIONAL PERFORMANCE INCENTIVE PLAN SCORE	Motion: To approve the recommendation of Hospital Board approval of the FY25 Organizational Performance Incentive Plan Score of 111.14%. Movant: Watters Second: Asmar Ayes: Asmar, Doiguchi, Shaw, Ting, Watters Noes: None Abstentions: None Absent: Hassett, Parker Recused: None	Recommendation of Board approval of FY25 Organizational Performance Incentive Plan Score of 111.14% approved.
9. AGENDA ITEM 16: AGENDA ITEM 8 VOTE: APPROVE FY25 EXECUTIVE PERFORMANCE INCENTIVE PLAN PAYOUTS	Motion: To approve the FY25 Executive Performance Incentive Plan Payouts. Movant: Asmar Second: Shaw Ayes: Asmar, Doiguchi, Shaw, Ting, Watters Noes: None Abstentions: None Absent: Hassett, Parker Recused: None	FY25 Executive Performance Incentive Plan Payouts approved.
10. AGENDA ITEM 17: AGENDA ITEM 10 VOTE: APPROVE FY26 EXECUTIVE BASE SALARIES	Motion: To approve the FY26 Executive Base Salaries. Movant: Shaw Second: Ting Ayes: Asmar, Doiguchi, Shaw, Ting, Watters Noes: None Abstentions: None Absent: Hassett, Parker Recused: None	FY26 Executive Base Salaries approved.
11. AGENDA ITEM 18: AGENDA ITEM 11 VOTE: RECOMMENDATION TO BOARD FY26 CEO SALARY RANGE	Motion: To approve the recommendation for Hospital Board approval of the FY26 CEO Salary Range and market adjustment to the CEO salary at a minimum to the midpoint of the range as read out in open session item 18. Movant: Watters Second: Asmar Ayes: Asmar, Doiguchi, Shaw, Ting, Watters Noes: None Abstentions: None Absent: Hassett, Parker Recused: None	Recommendation for Board approval of the FY26 CEO Salary Range approved.
12. AGENDA ITEM 13: CLOSING COMMENTS	There were no further comments.	
13. AGENDA ITEM 14: ADJOURNMENT	Motion: To adjourn at 6:11 p.m. Movant: Ting Second: Shaw Ayes: Asmar, Doiguchi, Shaw, Ting, Watters Noes: None	Meeting adjourned at 6:11 p.m.

	Abstentions: None Absent: Hassett, Parker Recused: None	
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Attest as to the approval of the foregoing minutes by the Executive Compensation Committee of El Camino Hospital.

Tracy Fowler, Director, Governance Services

Prepared by: Tracy Fowler, Director, Governance Services
Reviewed by: Bob Miller, Wayne Doiguchi, Deanna Dudley

DRAFT



FY26 COMMITTEE GOALS AND PACING PLAN

Executive Compensation Committee

The purpose of the Executive Compensation Committee (the “Committee”) is to assist the El Camino Hospital (ECH) Hospital Board of Directors (“Board”) in its responsibilities related to the Hospital’s executive compensation philosophy and policies. The Committee will advise the Board to meet all legal and regulatory requirements as it relates to executive compensation.

STAFF: **Deanna Dudley**, Chief Human Resources Officer (Executive Sponsor)

The CHRO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration and for developing and disseminating in a timely manner management’s recommendations to the Committee and appropriate supporting information to facilitate the Committee’s deliberations and exercise of its responsibilities. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may participate at the discretion of the Committee Chair. These individuals shall be excused when the Committee is reviewing their individual compensation.

GOALS	TIMELINE	METRICS/PACING PLAN
1. Provide oversight and approvals for compensation-related decisions, including performance incentive goal-setting and plan design	Q1 September 25	- Review and approve FY26 executive base salaries - Review and recommend FY25 Organizational Incentive Score - Review and approve FY25 individual incentive scores - Review and approve FY25 executive payout amounts
	Q2 November 6	- Process Review: CEO Performance Management - Process Review: Executive Performance Management - Process Review: Succession and Development Planning
	Q3 March 5	- Recommend FY27 ECC Committee goals - Receive mid-year strategic plan update - Process Review: Executive Goal Setting
	Q4 June 10	- Review and recommend proposed FY27 organizational incentive goals - Review and approve FY27 individual executive goals
2. Evaluate the effectiveness of the independent compensation consultant	Q4 June 10	- Conduct annual evaluation of ECC consultant

SUBMITTED BY: Chair: Wayne Doiguchi | **Executive Sponsor:** Deanna Dudley



EL CAMINO HOSPITAL BOARD OF DIRECTORS COMMITTEE MEETING COVER MEMO

To: Executive Compensation Committee
From: Wayne Doiguchi, Chair
 Deanna Dudley, CHRO
Date: November 6, 2025
Subject: FY25 ECC Self-Assessment Results

Purpose: To provide the Executive Compensation Committee (ECC) with an overview of the results from its FY25 self-assessment, highlight key themes from member feedback, and guide committee discussion on opportunities to strengthen its effectiveness and support the organization's strategic priorities.

Situation: As part of the biennial governance review conducted in partnership with Spencer Stuart, all seven ECC members completed the FY25 self-assessment survey. Individual interviews with board members supplemented the survey and offered additional qualitative insights. The assessment focused on the Committee's clarity of purpose, effectiveness, culture, leadership, and engagement with management.

Summary: The results of the FY25 self-assessment indicate that the Executive Compensation Committee is performing at a high level overall, with an **average score of 3.8 out of 4.0**. This strong result reflects broad agreement among committee members that the ECC is effective in fulfilling its responsibilities and well aligned with El Camino Health's strategic goals. Members consistently affirmed the committee's ability to execute its designated duties and emphasized its integral role in advancing the organization's mission and objectives.

Key Strengths:

Committee members highlighted the clear alignment between the ECC's objectives and the health system's strategic priorities, underscoring the committee's success in carrying out its responsibilities. The committee's relationship with management was described as both effective and respectful, and members noted the collegial nature of discussions, which take place in an atmosphere of mutual trust and constructive dialogue. The ECC also benefits from strong consultant expertise and valuable staff support, which enhances its oversight role and contributes significantly to its decision-making processes.

Opportunities for Continued Growth:

The assessment also identified areas where the committee can build on its strong performance. Some members indicated that their individual expertise could be more fully leveraged during committee deliberations. The timeliness and completeness of meeting materials was also cited as an area for improvement.

Next Steps: The Executive Compensation Committee is encouraged to review and discuss these results and observations at its November 6, 2025 meeting. This discussion will provide an opportunity to reflect on areas of strength, prioritize opportunities for growth, and consider specific actions to enhance the committee's effectiveness in the coming year.

A **draft action plan** will be prepared following the committee's discussion to capture and operationalize the priorities identified during this conversation. The plan will serve as a tool to guide the ECC's work and reinforce its governance oversight in support of El Camino Health's mission and strategic goals.

Attachments: FY25 ECC Assessment Results and Draft FY26 Action Plan

SpencerStuart

Executive Compensation Committee Assessment Report

Prepared for:
Board of Directors
El Camino Health

Prepared by:
George Anderson
Zach Morfín
Meng Li
Barbara Cardona

September 2025

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Introduction

Overview of Board and Committee Review

Purpose of the Review

The El Camino Health Board of Directors engaged Spencer Stuart in July 2025 to undertake an in-depth review of its effectiveness. The purpose was to assist the board and committees in continuing to improve the governance of the health system and support its long-term success.

The board and committees' commitment to continuous improvement is evident in the board's engagement of a third-party advisor to support the biennial evaluation process. It is also a reflection of the board's dedication to the hospital, its stakeholders, and management.

Assessment Process

As part of the assessment process, Spencer Stuart conducted individual interviews with each hospital director, as well as administered an online survey to all directors, committee members, and the Medical Network Board of Managers.

The interviews focused on a broad range of governance dimensions, including strategic oversight, board composition and succession, board-management relationship, board culture and dynamics, as well as the effectiveness of individual committees, among others.

The survey used a 1-4 Likert scale, where a rating of 1 indicates strong disagreement, and a rating of 4 indicates strong agreement.

Report

The following report presents the survey results of the Executive Compensation Committee. All committee members (7 out of 7) completed the survey. The open-ended commentary includes the feedback shared via the interviews with the hospital directors who are members of the committee, and the survey responses from the committee members who provided written feedback.

The committee is encouraged to discuss the findings in this report at its next meeting. The board will discuss the results of the board effectiveness review at its October 2025 board meeting.

Survey Dimension and Item Ratings

The table below shows all survey results sorted by dimension.

» **Overall average** = 3.8.

» **Highest rated items:** Committee Role & Responsibilities: *The committee's objectives are aligned with the organizational strategic goals; The committee is successful in carrying out its designated responsibilities.* Communication & Relationships: *The committee's relationship with management is effective and respectful;* Committee Culture & Engagement: *The Committee operates with a spirit of collegiality and communicates with mutual respect (4.0).*

» **Lowest rated items:** Committee Leadership & Meetings: *The committee chair provides effective leadership;* Committee Culture & Engagement: *As a committee member, my area(s) of expertise are utilized appropriately within the committee (3.4).*

Dimension & Item	Avg	SD	N	1	2	3	4
Committee Role & Responsibilities = 3.9							
• The committee's objectives are aligned with the organizational strategic goals.	4.0	0.00	7	0	0	0	7
• The committee is successful in carrying out its designated responsibilities.	4.0	0.00	7	0	0	0	7
• The scope of the committee's authority is clear.	3.9	0.35	7	0	0	1	6
• The committee monitors and adapts to changes in regulatory, financial, or industry landscape relevant to its oversight responsibilities.	3.7	0.45	7	0	0	2	5
Communication & Relationships = 3.8							
• The committee's relationship with management is effective and respectful.	4.0	0.00	7	0	0	0	7
• The committee receives adequate support from management.	3.9	0.35	7	0	0	1	6
• Communication and information flow between the committee and the board are effective.	3.6	0.49	7	0	0	3	4
Committee Culture & Engagement = 3.7							
• The Committee operates with a spirit of collegiality and communicates with mutual respect.	4.0	0.00	7	0	0	0	7
• Committee members are comfortable expressing their views openly and productively.	3.9	0.35	7	0	0	1	6
• The committee regularly assesses its own effectiveness and makes improvements.	3.6	0.49	7	0	0	3	4
• As a committee member, my area(s) of expertise are utilized appropriately within the committee.	3.4	1.05	7	1	0	1	5
Committee Leadership & Meetings = 3.7							
• The committee materials are appropriate for governance-level decision-making and oversight.	3.9	0.35	7	0	0	1	6
• The committee makes decisions efficiently.	3.9	0.35	7	0	0	1	6
• The Committee Chair provides effective leadership.	3.4	1.20	5	1	0	0	4

Open-Ended Feedback: Strengths

Provided below are the comments that were shared via the individual interviews with each ECH director who is also a member of the committee, as well as the written survey feedback across all committee members.

Strengths

Committee members praised the overall effectiveness of the group, highlighting strong experience, meaningful discussions and helpful support from staff.

- *The committee works very well, and the members have strong experiences.*
- *Excellent committee: well run, good agenda, meaningful discussion.*
- *The committee has been functioning well. Chair is attentive. Consultants are helpful. Staff is helpful.*
- *The level of expertise among the community members is very high.*

Open-Ended Feedback: Development Areas

Development Areas

Members emphasized the importance of maintaining strong leadership following the retirement of the previous Chair.

- *The previous Chair did a great job. With a change in Chair, we need to continue the same level of leadership.*
- *The new Chair should improve the committee effectiveness.*
- *Hopefully, Director Doiguchi will get the onboarding and support needed to continue Chair Miller's good work.*

One member raised a concern about the quality and timeliness of staff-prepared materials.

- *Staff processes and support could be stronger. Materials for pre-meeting review often arrived at the last minute and had blank placeholders in them. Too many errors that should have been caught by staff often weren't.*

Another member suggested improvements in timing of discussions, strategic context, and access to relevant education on executive compensation trends.

- *On some occasions there are questions that committee members have that weren't anticipated in the prepared/shared materials – but we ultimately got to those questions.*
- *There were a couple of times in the work calendar where it would be helpful to have committee discussion before things are "baked" and already communicated.*
- *I'd like to continue learning more about the strategic goals around expansion of the healthcare system, and how the primary entity we oversee is related to the other entities.*
- *The sources that corporate governance subscribes to don't offer public education events specific to executive compensation trends for non-profit entities of this scale, so I'd like to find ways to have SullivanCotter or other sources continue to educate us on trends and best practices.*

Additional Open-Ended Questions

How effectively does the committee ensure alignment of compensation philosophy with the health system's mission, values, and strategic objectives?

- *Overall well, but what is needed for improving clinical quality of the network has not been addressed by the ECC.*
- *Pretty well although we are challenged with fully understanding the challenges other than what is reported.*
- *There could be better synchronization of the organizational and individual goals presented to the committee with the strategic goals and priorities of other committees. Quality is a major example of this.*

How well does the committee evaluate the effectiveness and impact of executive incentive plans, including metrics, risk alignment, and long-term organizational goals?

- *Strong discussion on these topics.*
- *Thankfully, now the committee does not operate in a vacuum with the CEO and staff. Now the Compensation Committee consults the appropriate board committee for input. This should definitely continue.*
- *Mostly left to CEO assessment of executives, which works well.*
- *Fairly good processes for review. Consultants are helpful in analysis and comparison to best practices.*
- *The committee provided input on metrics and goal alignment but was often doing so when it was too late to change them.*

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Draft ECC FY26 Action Plan

The following draft action plan is provided to support the committee’s discussion of its FY25 self-assessment results and to guide potential areas of focus in the year ahead. It reflects key themes identified through the assessment and is aligned with the committee’s existing FY26 pacing plan. The table is intended as a starting point for discussion on November 6 and will be refined based on committee input before being finalized.

Focus Area	Action	Responsible	Timeline	Status/Notes
Optimize Use of Member Expertise	Create opportunity for robust conversation on ECC agenda topics such as – performance management process, succession planning process, leadership development, committee survey results, executive goal-setting, etc.	Committee Chair, Governance Services	Q3-Q4 FY26	Align with ECC goal-setting.
Enhance Materials & Communication	Strengthen internal review processes to improve the timeliness, completeness, and clarity of materials. Explore ways to engage the committee earlier on strategic discussions tied to compensation decisions.	CHRO, Governance Services	Q2–Q3 FY26	Pilot refined materials process in advance of March meeting.

Following the committee’s discussion on November 6, CHRO and Governance Services will incorporate member feedback and present a finalized action plan for review and confirmation at a subsequent meeting.



EL CAMINO HOSPITAL BOARD OF DIRECTORS COMMITTEE MEETING COVER MEMO

To: Executive Compensation Committee
From: Deanna Dudley, CHRO
 Dan Mayfield, SullivanCotter
 Paula Robinson, SullivanCotter
Date: November 6, 2025
Subject: CEO Performance Assessment Process

Purpose: To provide the Executive Compensation Committee with an overview and update on the CEO performance assessment process, including the annual assessment and results.

Situation: Each year, the Consultant facilitates the CEO performance evaluation through a survey completed by both District and Hospital Board members. This survey gathers feedback on the CEO's performance across several key areas over the prior fiscal year. A separate set of District-specific questions are also included for District Board members. The CEO completes a self-assessment using the same criteria.

Background: The CEO performance evaluation process has been in place since 2019, with yearly refinements to improve its effectiveness. For the FY24 report, the survey was conducted in July-August, followed by meetings in September and October to review the findings, discuss results with the CEO, and decide on salary and incentive payments. For the FY25 process, which was just completed, we followed the following timeline:

- CEO Self-Assessment (July 15 – August 8)
- CEO Year in Review (Presented at August 13 ECHB Meeting)
- CEO Assessment Survey to Boards (August 14 – August 28)
- Results of CEO Assessment Shared with Board Chairs and ECC Chairs (September 19)
- Market Data of CEO Compensation Shared with Board Chairs and ECC Chairs (September 19)
- CEO Survey Results Shared with Hospital Board (October 8)
- Hospital Board Approve CEO Salary and Incentive Payments (October 8)
- CEO Survey Results Shared with District Board (October 14)
- CEO Performance Review with Board Chairs and CEO (October 24)

Assessment: For FY25, the CEO was assessed on eight key categories, including Board relations, strategic development, financial leadership, and community health partnerships. District Board members also evaluated the CEO on three additional areas specific to District responsibilities.

Attachments: FY26 CEO Performance Evaluation Process Overview



CEO Performance Evaluation Timeline and Process Overview

Executive Compensation Committee
Meeting

November 6, 2025



CEO Performance Evaluation 2025 Recap

The CEO evaluation process has been mostly consistent since 2019, with incremental process improvements considered and implemented annually.

- Like last year, SullivanCotter sent a web-based survey to the El Camino Hospital Board members and District Board members to:
 - Gather information from the Board regarding the CEO's performance
 - Gather information from the CEO on his performance via a self-assessment and a year in review summary
- Respondents were asked to rate Mr. Woods on the following competencies and provide comments to support and explain their ratings:

- | | |
|--|---|
| – Board Relations | – Risk and Change Management |
| – Strategic Development | – Leadership and Culture |
| – Executive Team Relations and Development | – Community Health and Partnerships |
| – Quality and Patient Safety | – District Board Representation, Communication, and Accountabilities* |
| – Financial Leadership | <i>*Only shown to District Board Members.</i> |

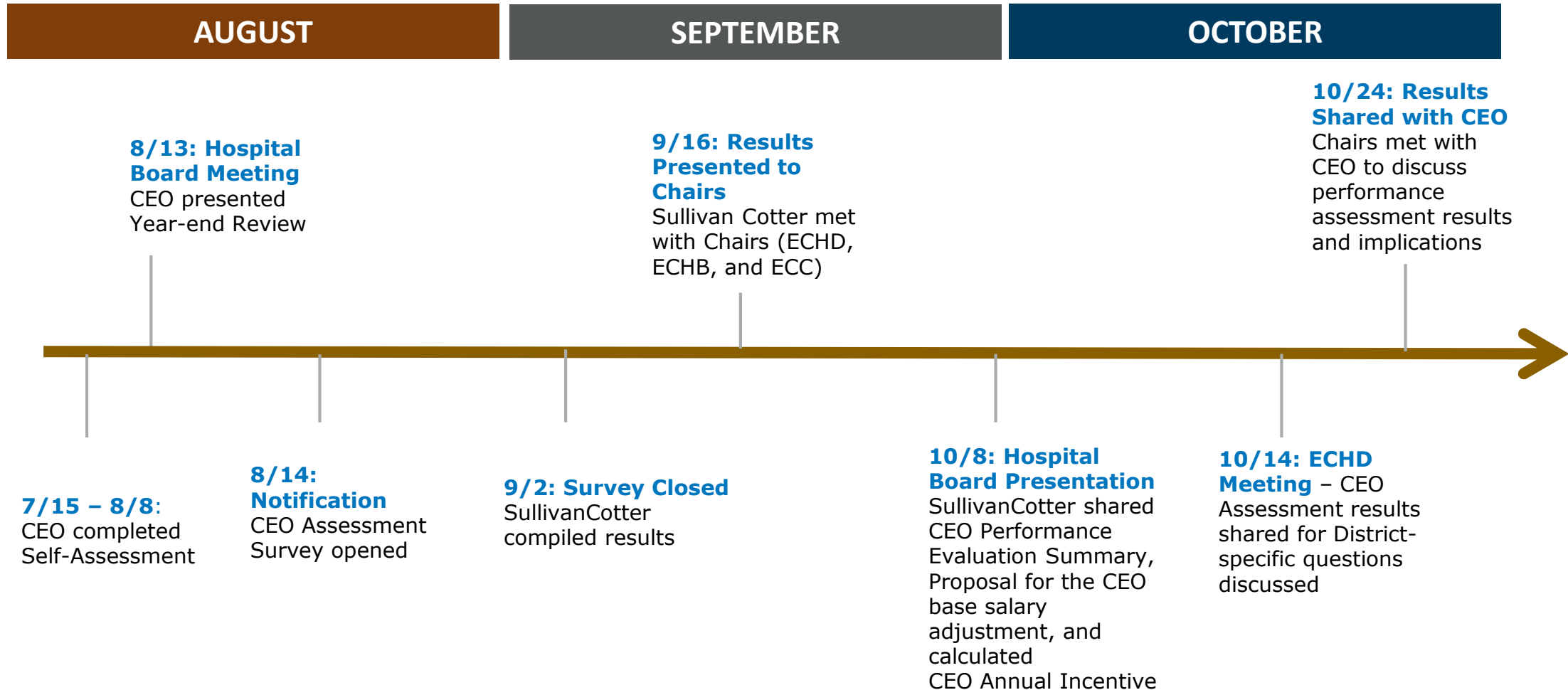
- Respondents are asked to rate Mr. Woods based on a rating scale, as shown below. Comments were required for every rating.

Rating Scale	Rating
Exceeds Expectations: The CEO's performance in this area exceeds my expectations.	5
Meets All Expectations: The CEO's performance in this area meets my expectations.	4
Meets Most Expectations: The CEO's performance in this area meet most of my expectations.	3
Meets Some Expectations: The CEO's performance in this area meets some of my expectations.	2
Does Not Meet Expectations: The CEO 's performance in this area does not meet my expectation.	1
Not Applicable: Not applicable or has not been observed.	N/A



2025 CEO Assessment Timeline

- Timeline for the FY2025 CEO assessment:





ECH 2025 CEO Performance Timeline Details

El Camino Health: 2025 CEO Evaluation Survey Process																												
Task	July				August									September							October							
	14	21	28	31	1	4	8	13	14	25	26	28	29	1	2	3	4	15	16	30	1	7	8	9	14	15	23	24
	M	M	M	T	F	M	F	W	T	M	T	T	F	M	T	W	T	M	T	T	W	T	W	T	T	W	T	F
CEO Self-Assessment																												
SullivanCotter sends Self-Assessment Survey Tool to CEO	14																											
CEO completes Self-Assessment Tool						8																						
Board CEO Assessments																												
Chair sends introduction email to board members							13																					
Survey Launch								14																				
Board members complete online survey																												
SullivanCotter sends intermittent reminders, approximately every five days																												
Soft close for the survey											26																	
Personalized final requests are sent																												
Hard close for the survey															2													
Report Development, Review, and Presentation																												
SullivanCotter reviews data and completes the report																												
SullivanCotter shares draft report with Hospital and District Chairs																												
Hospital Board Meeting to Discuss and Consider Compensation Decisions																							8					
District Board meeting for presentation and discussion																									14			
Meeting with Chairs and CEO																												24



EL CAMINO HOSPITAL BOARD OF DIRECTORS COMMITTEE MEETING COVER MEMO

To: Executive Compensation Committee
From: Deanna Dudley, CHRO
Date: November 6, 2025
Subject: Executive Performance Management Process

Objective: To provide an overview of how El Camino Health manages the Executive performance process to ensure accountability for performance in helping the organization achieve its strategic goals.

Background:

The Joint Commission requires hospital employees to receive a written performance review.

The hospital uses the same tool for executives as it does for management staff (except for the CEO) that includes a feedback meeting with the executive's management.

The Board utilizes an outside consultant to facilitate the CEO's performance review.

The hospital uses a 5-point rating scale for performance reviews.

For executives, performance reviews are comprised of organizational goal scores (which account for 70%) and an individual incentive goal score (which accounts for 30%).

The CEO used the following considerations in developing recommendations for FY26 base salary increase changes: market, merit, and performance.

Attachments:

1. Performance Management and Feedback Overview Presentation



Executive Compensation Meeting November 6, 2025

Performance Management

Performance Evaluation

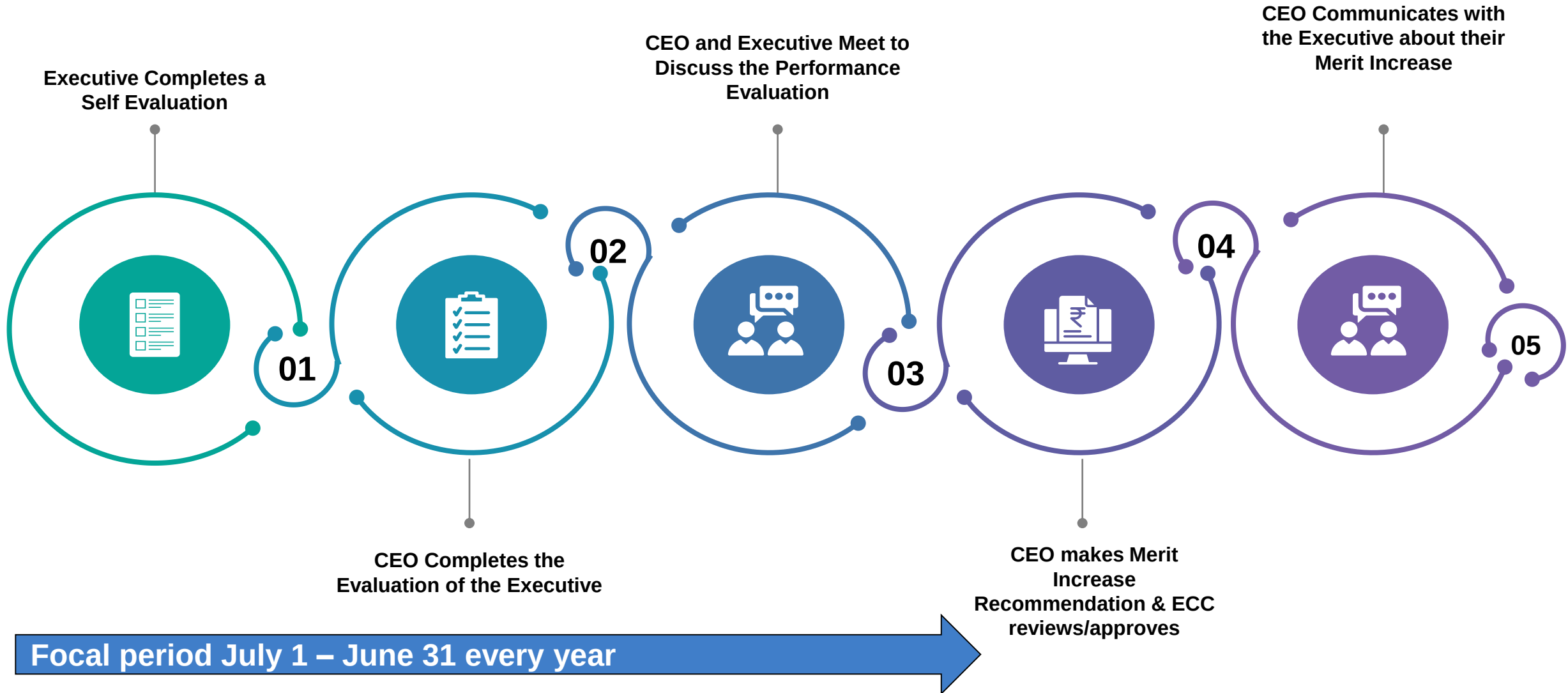
- Focal period July 1 – June 30 every year
 - 4 competencies for employees, 3 competencies for leaders, equally weighted
 - Feedback on Employee (work accomplished and behaviors)
 - Development Opportunities (separate discussion from performance review)

- Self-Evaluation is first step
 - Employees complete their self-Evaluation in Workday

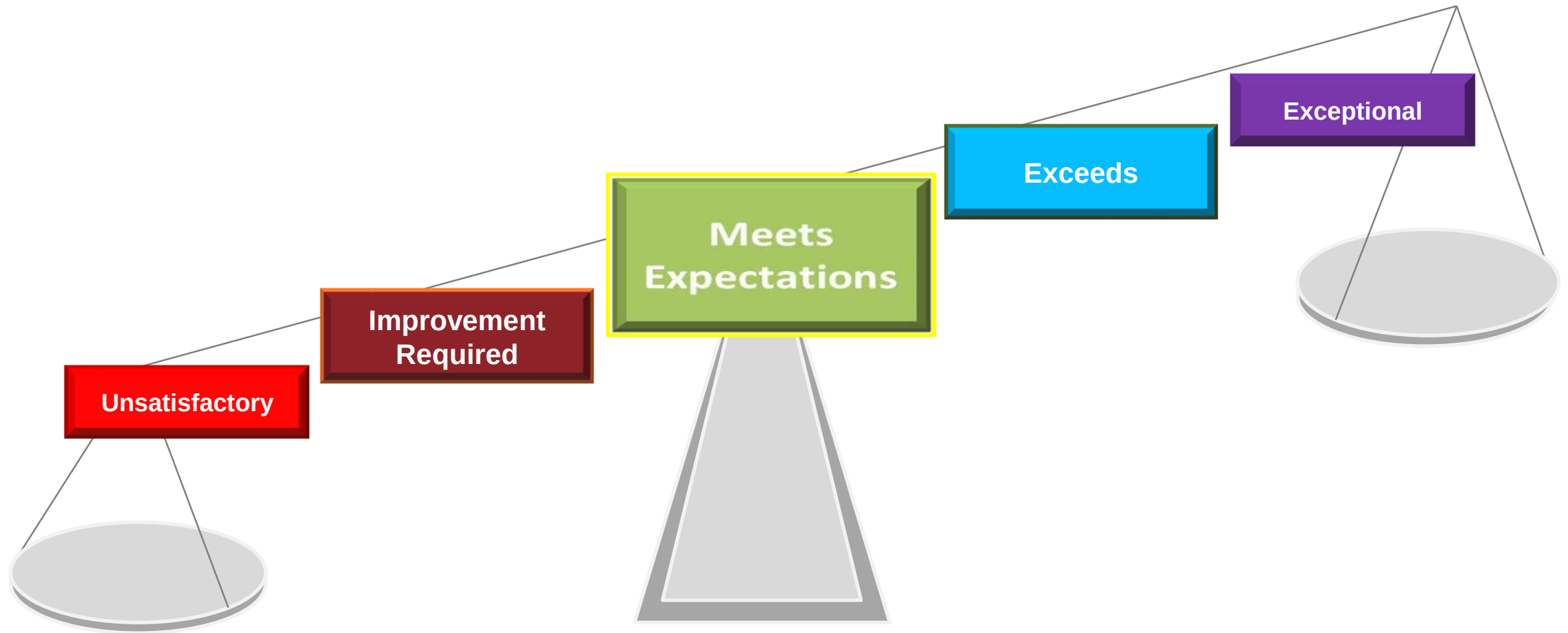
- Managers provide reviews on employee performance in Workday

Annual Employee Performance Evaluation - Union	Complete Self Evaluation - Initiation	Complete On Behalf of
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Performance Evaluation Process



Multi-Level Rating Scale



Performance Ratings

Ratings:	Description:	Note:
Exceptional	Demonstrates a distinguished level of job performance and behavior that is consistently far above and beyond expectations. Thinks beyond the details of the position and needs of the department. Recognized as a role model and resource to others in both the department and the wider organization. Makes significant contributions to the success of the organization. Key words: significantly beyond; mentors; role model	<i>This rating is typically assigned to a small percentage of employees who demonstrate truly outstanding, noteworthy performance in a given competency.</i>
Exceeds Expectations	Consistently high quality performance and/or behavior. Thinks beyond the details of the position. Recognized as a role model and resource to others in the department and contributes to the overall success of the department. Key words: often demonstrates; often exceeds; outperforms	<i>If performance is above standard on a regular, repeatable basis, this rating is appropriate. If exceeding performance is only a rare or occasional event, the “meets expectations” rating is more appropriate.</i>
Meets Expectations	Demonstrates a level of job performance and/or behavior that fully meets the requirements of the position. Performance is what is expected of a qualified individual. Key words: consistently; at standard; occasionally above; fully acceptable; solid performer	<i>With a five point scale, employees can tend to view this rating as “average,” or in some ways below expectation. It is important to emphasize that “meets expectations” is a positive assessment of performance. It indicates that the employee is successfully performing at the expected level.</i>
Improvement Required	Demonstrates a level of performance and/or behavior that requires improvement to meet the requirements of the job. Performance is inconsistent with the standard and regularly falls below what is expected. Key words: inconsistent; sometimes; partially meets	<i>If the performance is partially or sometimes below standard, and could be improved with a reasonable amount of coaching or development, this rating is appropriate</i>
Unsatisfactory	Performance and/or behavior consistently fails to meet expectations. Continuation at this level is unacceptable and must not be allowed to continue. Key words: consistently fails; rarely demonstrates; significantly below	<i>This rating should be reserved for performance that is significantly and consistently below standard in a given competency. If performance fails to meet all parts of the standard, this rating is appropriate.</i>

Performance Evaluation – Evaluates Three Leader Competencies

Safety First/Mission Zero skills, Critical Thinking

- Understands duties and responsibilities of specific job role
- Competent in unit-specific clinical and/or technical skills.
- Recognizes potential or actual risk to patients, visitors, staff or the organization, and initiates action to correct, reduce or prevent the risk.
- Uses Safety First/Mission Zero Communication tools, such as SBAR, Three Way Repeat Back and Read Back, and letter and number clarification

Leadership and Management

- Supports organizational objectives over individual needs; contributes to the greater good of the organization.
- Works effectively as a team member assisting others as needed.
- Demonstrates WeCare Standards: Warm Welcome, Engage with Empathy, Compassionate Communication, Ask and Anticipate, Respond Promptly, Excellence Always
- Completes WeCare Leader Rounding targets.
- Uses Leadership Practices: Models the way, Inspires a shared Vision, Enables Others to Act, Encourages the Heart, Challenges the Process
- Effectively recruits, interviews, onboards, and assimilates staff into hospital culture
- Applies policies consistently and fairly; treats people with respect; creates and supports a culture of inclusion
- Prepares annual budget according to established guidelines and procedures
- Manages to financial, productivity and staffing budgets/expectations

Compliance and Accountability

- Complies with regulatory standards and laws
- Holds staff accountable for meeting standards with regard to hand hygiene, safety, licensure, required health screenings and mandatory education (minimum of 90% on time compliance)
- Meets deadlines without reminders; does what s/he says s/he will do
- Prepares and delivers performance evaluations according to policy ensuring at least 90% are completed with established guidelines.
- Follows policies related to vendor management, contracting and signature authority



Questions?