PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Consensus on how to optimize patient/family engagement in hospital planning and improvement: a Delphi survey
AUTHORS	Anderson, Natalie; Baker, Ross; Moody, Lesley; Scane, Kerseri; Urquhart, Robin; Wodchis, Walter; Gagliardi, Anna

VERSION 1 – REVIEW

REVIEWER	Maud Heinen Radboud University Nijmegen Medical Center, IQ Health
REVIEW RETURNED	11-Apr-2022

GENERAL COMMENTS	The abstract could be somewhat more informative, especially in the Outcome measures section. The methods and results are described clearly. The discussion however could give some more reflection on the limitations of the study. The recommendations rated by the Delphi panel are resulting from (just) two qualitative studies from the authors and it is argued that they are therefore evidence based. This seems somewhat bluntly formulated. In the discussion the suggestion for example could be made that this could be further reviewed in the literature in order to give an overview of recommendations internationally. Also the fact that about half (58) of the respondents from the originally invited 109 respondents consented to participate could be addressed more clearly. The project group of the study aimed to include about 40 respondents, in this the authors succeeded well, nevertheless this needs to be discussed in the limitation section.

REVIEWER	Peter Lachman Royal College of Physicians of Ireland, Quality
REVIEW RETURNED	26-Jun-2022

GENERAL COMMENTS	I enjoyed reading the paper and the way you have conducted the study. I think it offers many lessons event o those outside Canada. The Delphi process is described well process is easily followed. The strength of the paper is the involvement of people representing the patients. I note the approach has been patient engagement, have you considered the next step of people centred care, i.e. from engagement to co-design and co-production which is the next stage in sharing power as if there is no coproduction, the engagement may not be successful. Perhaps a comment on this may add to the paper, given the increasing number of papers on coproduction (ref to the IJQHC supplement on coproduction)

VERSION 1 – AUTHOR RESPONSE

REVIEWER #1

Comment	Response
The abstract could be somewhat more informative, especially in the Outcome measures section	We elaborated the Outcomes Measures section of the Abstract as follows, while still maintaining the 300-word limit: "Ratings of importance on a seven-point Likert scale of 48 strategies organized in domains: engagement approaches, strategies to integrate diverse perspectives, facilitators, strategies to champion engagement and hospital capacity for engagement."
The methods and results are described clearly	Thank you!
The discussion however could give some more reflection on the limitations of the study. The recommendations rated by the Delphi panel are resulting from (just) two qualitative studies from the authors and it is argued that they are therefore evidence based. This seems somewhat bluntly formulated. In the discussion the suggestion for example could be made that this could be further reviewed in the literature in order to give an overview of recommendations internationally.	We addressed this comments in Discussion, paragraph two, page 11-12, as follows: "Recommendations were derived from our own prior research [11-13], given that our prior review of PE for healthcare planning and improvement specifically in hospital settings had identified only 10 studies [9]. However, that review included studies published before 2017, so an updated review may be warranted to identify recommendations that reflect international perspectives and compare those recommendations with the findings of this research."
Also the fact that about half (58) of the respondents from the originally invited 109 respondents consented to participate could be addressed more clearly. The project group of the study aimed to include about 40 respondents, in this the authors succeeded well, nevertheless this needs to be discussed in the limitation section.	We also addressed this comment in the limitations section as follows: "Panelists were volunteers so their views may be biased, particularly because about half of the originally-invited panelists agreed to participate; however, we specifically recruited individuals for their expertise…"

REVIEWER #2

Comment	Response
I enjoyed reading the paper and the way you have conducted the study. I think it offers many lessons even o those outside Canada.	Thank you!
The Delphi process is described well process is easily followed.	Thank you!
The strength of the paper is the involvement of people representing the patients.	Thank you!
I note the approach has been patient engagement, have you considered the next step of people centred care, i.e. from engagement to co-design and co-production which is the next stage in sharing power as if there is no coproduction, the engagement may not be successful. Perhaps a comment on this may add to the paper, given the increasing number of papers on coproduction (ref to the IJQHC supplement on coproduction)	Very good point. We added some details regarding token engagement and co-production in Discussion, paragraph 4, page 12: "High PE capacity hospitals were characterized by PE activity organization wide and use of largely collaborative rather than consultative PE approaches, referring to co-production.[11] Co-production refers to users and professionals who are creating, designing, producing, delivering, assessing, and evaluating the relationships and actions that contribute to the health of individuals and populations, which is fundamental to learning health systems.[23] True co-production requires meaningful engagement or sharing of power between

	patients and health professionals, yet research suggests that engagement is often token due a variety of barriers.[21,24,25] T therefore ongoing research is needed to confirm the uptake of these recommendations, including their influence on policy at the health system or hospital level, and on various impacts in hospitals with both new and established PE.”