

Supplementary File 1. Hospital PE recommendations by domain derived from prior research**Engagement approaches**

1	Patient/family advisors should be involved in decision-making for all hospital activities including governance, strategy planning, and designing, developing, evaluating or improving facilities, programs, healthcare services, care practices, quality and safety, or resources/materials
2	Hospitals should establish and maintain at least one patient/family advisory committee (PFAC)
3	In addition to a general PFAC, hospitals should consider establishing PFACs for departments or units that represent the hospital's clinical priorities
4	In addition to one or more PFACs, hospitals should engage patient/family advisors in a variety of ways (e.g. standing committees, project teams)
5	Patient and family engagement should take place in-person whenever possible to build rapport (please rate this for a non-pandemic context)
6	Hospitals should employ a range of engagement approaches including collaboration (e.g. member of project teams or committees), consultation (e.g. surveys, interviews, focus groups) or blended approaches (e.g. collaboration and consultation approaches for the same initiative)

Strategies to identify and integrate diverse perspectives

7	Hospitals should build patient/family engagement programs that welcome persons with diverse characteristics and provide a culturally safe environment
8	Hospitals should recruit patient/family advisors using a range of strategies (e.g. social media, email, newspaper ads, word of mouth, posting formal job descriptions) to achieve diversity
9	Hospitals should seek to address issues that are likely to benefit the majority of people they serve
10	Hospitals should also ensure that in prioritizing what benefits many, they also use a health equity lens to ensure that they are improving quality of care for disadvantaged populations in their community
11	Hospitals should ensure that there is ongoing recruitment and onboarding of new patient and family advisors to avoid deploying the same persons to multiple projects (to reduce burden on the few, and enhance diversity)

Strategies to enable patient/family engagement

12	Once recruited, hospitals should provide patient/family advisors with support and education about roles and responsibilities, organizational culture and strategic priorities to prepare them for engagement
13	In advance of deployment, hospitals should orient patient/family advisors to the background, purpose, goals and participants of a specific committee or project

14	Once deployed, committees or project teams should involve patient/family advisors and committee/project team members in team-building exercises to build relationships
15	In advance of meetings or activities, hospitals should provide patient/family advisors with agendas, background information or briefing material to help them prepare and then actively participate
16	Hospitals should train healthcare workers and staff on how to effectively engage with patient/family advisors
17	Hospitals should involve patient/family advisors in training existing healthcare workers and staff and orienting new healthcare workers/staff to patient engagement
18	Hospitals should engage patient/family advisors early and throughout planning or improvement activities
19	Hospitals should include patient/family advisors in polls to establish meeting times, and schedule meetings at times that are suitable for patient/family advisors (e.g. evenings after work or child care)
20	At the outset of new committees or projects, the Chair should explicitly establish roles and responsibilities for all involved including patient/family advisors and healthcare workers
21	Hospital healthcare workers and staff should understand the value of patient/family input and decisions and explicitly convey value by meaningfully engaging with patient/family advisors and acknowledging the value of their role
22	Hospitals should include a critical volume of patient/family advisors on any committee or project team
23	Hospitals should require that decision-making quorum include at least one patient/family advisor
24	PFACs should routinely review interim progress, decisions or outputs of standing committees or project teams to ensure that patient/family advisor perspectives informed decisions
25	Hospitals should check with patient/family advisors to confirm that interim or near-to-final decisions or outputs accurately captured their perspectives

Strategies to champion patient/family engagement

26	Hospitals should convey an organizational commitment to patient/family engagement by acknowledging it in their hospital values statement and strategic plan
27	Hospitals should foster an organization-wide culture of respect and support for patient/family engagement
28	To establish a philosophical commitment, hospitals should promote that patient/family advisors be viewed as experts on the patient perspective, which should be valued equally to the perspective of healthcare workers

29	The hospital CEO and Board members should visibly endorse and inform about patient/family engagement by promoting it across the hospital to all staff and patients (e.g. in waiting rooms)
30	Senior administrative and clinical leaders should model patient/family engagement
31	Hospitals should share patient/family engagement opportunities, activities, outputs and impacts with the broader community as a means of patient/family advisor recruitment and to create awareness about how the hospital is addressing their needs
32	Hospitals should share results or outcomes with involved patient/family advisors, and more broadly throughout the hospital to create awareness of how patient/family perspectives contributed to planning and improvement
33	Chairs of standing committees or project teams should routinely consult with patient/family advisors throughout meetings to ensure they understand issues under discussion, ask if they have any questions, or wanted to articulate ideas or feedback, and adjust pace as necessary
34	Hospitals should include a Board member on the PFAC who could convey concerns or ideas directly to the Board
35	Hospitals should include patient/family advisors on the Board or Committees of the Board as voting members
36	Hospitals should make the PFAC accountable to the Board for planning and improvement activities

Hospital capacity for patient/family engagement

37	Hospitals should allocate dedicated operational funding to nurture and maintain patient/family engagement including one or more PFACs and other engagement activities
38	Hospitals should appeal to government, which advocates for patient/family engagement, for dedicated funding to support patient/family engagement
39	Hospitals should reimburse patient/family advisors for expenses incurred (e.g. use of their own computers, printing costs, gas, mileage, parking, child care)
40	Hospitals should building patient/family engagement compensation and reimbursement into their yearly operational budgets
41	Hospitals should compensate patient/family advisors for their time spent contributing to patient engagement activities and for taking time off work to participate in those activities
42	Hospitals should include patient/family engagement activities into appropriate healthcare worker and staff job descriptions as part of the Human Resource commitment to person-centred care
43	Hospitals should cover the cost of release time for staff so they can participate in engagement activities

44	Hospitals should encourage and reward healthcare workers for participating in patient/family engagement
45	Hospitals should provide access to technology for patient/family advisors so they can fully engage in activities (e.g. email accounts, lap tops, digital applications)
46	Hospitals should employ a dedicated PE manager to promote and support patient/family engagement
47	Hospitals should employ dedicated PE staff who are driven by person-centred values and possess skills in reflective listening, compassionate communication, and project coordination and facilitation
48	Hospitals should regularly evaluate patient/family engagement practices and make improvements based on patient/family advisor feedback, and reflection on what worked and what did not work