

Supplementary File 2. Hospital PE recommendations retained, discarded and with no consensus by two-round Delphi survey

Domain	Recommendation	Suggested revision	Round One (rating)	Round Two (rating)	Result
Engagement approaches	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	Patient/family advisors with appropriate skills should be engaged in decisions for hospital activities whenever possible, including governance, strategy planning, and designing, developing, evaluating or improving facilities, programs, healthcare services, care practices, quality and safety, or resources/materials	Retain (86.2)	---	Retain
	Hospitals should establish and maintain at least one Patient and Family Advisory Committee	---	Retain (87.9)	---	Retain
	In addition to a general Patient and Family Advisory Committee, hospitals should consider establishing Patient and Family Advisory Committee's for departments or units that represent the hospital's clinical priorities	In addition to a general Patient and Family Advisory Committee, hospitals should consider establishing Patient and Family Advisory Committees for units or programs that represent the hospital's clinical priorities, or embed patient/family advisors in priority unit-/program-specific advisory committees	No consensus (64.3)	No consensus (77.4)	No consensus
	In addition to one or more Patient and Family Advisory Committee's, hospitals should engage patient/family advisors in a variety of ways (e.g. standing committees, project teams)	In addition to one or more Patient and Family Advisory Committee's, hospitals should engage patient/family advisors using multiple forms of engagement (e.g. standing committees, project teams)	Retain (96.5)	---	Retain
	Patient and family engagement should take place in-person whenever possible to build rapport (please rate this for a non-pandemic context)	Patient and family engagement should take place in-person whenever possible to build rapport, but virtual options and technology should be offered to enhance convenience and connectivity and suit diverse preferences (**please rate this for a non-pandemic context)	No consensus (72.4)	Retain (83.3)	Retain
	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)	Hospitals should employ a range of approaches to engage patient/family advisors 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)	Retain (93.1)	---	Retain
Sub-total			4	1	5
Strategies to identify and integrate	Hospitals should build patient/family engagement programs that welcome persons with diverse characteristics and provide a culturally safe environment	Hospitals should build patient/family engagement programs that welcome persons with diverse experiences, characteristics, abilities and resources	Retain (98.3)	---	Retain

diverse perspectives		representative of the communities they serve, and do so in a culturally safe manner or setting			
	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	Hospitals should recruit patient/family advisors using a range of strategies (e.g. social media, email, newspaper ads, word of mouth, through community organizations) and in languages or settings tailored to the community they serve to achieve diversity	Retain (91.2)	---	Retain
	Hospitals should seek to address issues that are likely to benefit the majority of people they serve	Hospitals should seek to identify and address issues that are priorities for, and of benefit to all patients/families they serve rather than focusing only on issues common to the majority	No consensus (57.9)	No consensus (73.6)	No consensus
	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	In prioritizing what benefits many, hospitals should also use a health equity lens to ensure that they are improving quality of care for at risk populations in their community	Retain (98.2)	---	Retain
	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)	Hospitals should ensure that there is ongoing recruitment and onboarding of new patient and family advisors to enhance diversity and supplement the contributions of long-standing experienced patient/family advisors	Retain (96.6)	---	Retain
Sub-total			4	0	4
Strategies to enable patient/family engagement	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	Once recruited, hospitals should provide patient/family advisors with ongoing support and education about roles and responsibilities, organizational culture and strategic priorities to prepare them for engagement, possibly through mentorship by existing experienced patient/family advisors	Retain (96.5)	---	Retain
	In advance of deployment, hospitals should orient patient/family advisors to the background, purpose, goals and participants of a specific committee or project	In advance of deployment, hospitals should orient patient/family advisors to the background, purpose, and goals of a specific committee or project (e.g. share documents, meet with project or committee leader)	Retain (96.6)	---	Retain
	Once deployed, committees or project teams should involve patient/family advisors and	Once deployed, committees or project teams should involve patient/family advisors and committee/project team members in team-building exercises to build	No consensus (68.4)	No consensus (65.5)	No consensus

	committee/project team members in team-building exercises to build relationships	relationships (e.g. spend time getting to know each member)			
	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	In advance of meetings or activities, hospitals should provide patient/family advisors with agendas, background information, briefing material and the name of a liaison who can answer questions to help them prepare and then actively participate	Retain (100.0)	---	Retain
	Hospitals should train healthcare workers and staff on how to effectively engage with patient/family advisors	Hospitals should train project leaders, committee chairs, healthcare workers and staff on how to foster a team environment, and effectively engage with and support patient/family advisors	Retain (89.7)	---	Retain
	Hospitals should involve patient/family advisors in training existing healthcare workers and staff and orienting new healthcare workers/staff to patient engagement	Hospitals should involve patient/family advisors in reviewing and delivering training to existing healthcare workers and staff, and orienting new healthcare workers/staff to patient engagement	Retain (84.5)	---	Retain
	Hospitals should engage patient/family advisors early and throughout planning or improvement activities	---	Retain (94.8)	---	Retain
	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)	Hospitals should gauge the availability of patient/family advisors to establish meeting times, and schedule meetings at times that are suitable for patient/family advisors (e.g. evenings after work or child care)	No consensus (79.3)	No consensus (72.7)	No consensus
	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	At the outset of new committees or projects, the Chair should explicitly establish roles and responsibilities collaboratively with and for all involved including patient/family advisors and healthcare workers, and prospectively revisit roles as projects evolve	Retain (89.3)	---	Retain
	Hospital healthcare workers and staff should demonstrate that they value patient/family advisor input and decisions by meaningfully engaging with patient/family advisors and telling patient/family advisors that they are valued	Hospital healthcare workers and staff should demonstrate that they value patient/family advisor input and decisions by meaningfully engaging with patient/family advisors, basing decisions on their perspectives and telling patient/family advisors that they are valued	Retain (89.1)	---	Retain
	Hospitals should include a critical volume of patient/family advisors on any committee or project team	Hospitals should include at least one and preferably more patient/family advisors on any committee or project team	No consensus (51.7)	No consensus (72.2)	No consensus
	Hospitals should require that decision-making quorum include at least one patient/family advisor	Hospitals should require that decision-making quorum for committees or project teams include at least one patient/family advisor	No consensus (62.5)	No consensus (63.0)	No consensus
	Patient and Family Advisory Committee's should routinely review interim progress, decisions or outputs of standing committees or project teams	Patient and Family Advisory Committees should routinely review interim progress, decisions or outputs of standing	No consensus (73.7)	No consensus (74.5)	No consensus

	to ensure that patient/family advisor perspectives informed decisions	committees or project teams to ensure that decisions reflect patient/family advisor perspectives			
	Hospitals should check with patient/family advisors to confirm that interim or near-to-final decisions or outputs accurately captured their perspectives	Hospitals should routinely check with patient/family advisors to confirm that interim or near-to-final decisions or outputs accurately captured their perspectives and explain why, if any, were not captured	Retain (87.7)	---	Retain
Sub-total			9	0	9
Strategies to champion patient/family engagement	Hospitals should convey an organizational commitment to patient/family engagement by acknowledging it in their hospital values statement and strategic plan	Hospitals should convey an organizational commitment to patient/family engagement by acknowledging it in their hospital values statement and strategic plan, and continuously update values/strategic plan as patient/family engagement evolves	Retain (94.6)	---	Retain
	Hospitals should foster an organization-wide culture of respect and support for patient/family engagement	---	Retain (100.0)	---	Retain
	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	To establish a philosophical commitment, hospitals should promote the view that patient/family advisors bring diverse expertise, skills and perspectives, which should be valued equally to those of healthcare workers	Retain (82.8)	---	Retain
	Senior administrative and clinical leaders should model patient/family engagement	---	Retain (98.1)	---	Retain
	Hospitals should share results or outcomes with involved patient/family advisors so that they are aware of how their input and decisions contributed to planning and improvement	---	Retain (100.0)	---	Retain
	The hospital CEO and Board members should visibly endorse patient/family engagement by promoting it throughout the hospital to all staff and patients (e.g. in waiting rooms) to create awareness of how patient/family perspectives contributed to planning and improvement	The hospital CEO and Board members should visibly endorse patient/family engagement by promoting it throughout the hospital to all staff and patients (e.g. in waiting rooms) to create awareness of how patient/family advisors worked with healthcare workers/staff on planning and improvement	Retain (87.5)	---	Retain
	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	Hospitals should share patient/family engagement opportunities, activities, outputs and impacts with the broader community through various platforms as a means of patient/family advisor recruitment and to create awareness about how the hospital is addressing their needs	Retain (93.1)	---	Retain

	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	Chairs of standing committees or project teams should assess acceptability in advance, and then routinely consult with patient/family advisors throughout meetings to ensure they understand acronyms, medical terms or issues under discussion, ask if they have any questions, or wanted to articulate ideas or feedback, and adjust pace as necessary	No consensus (77.2)	Retain (80.8)	Retain
	Hospitals should include a Board member on the Patient and Family Advisory Committee who could convey concerns or ideas directly to the Board	As a way to hold the Board accountable to the Patient and Family Advisory Committee, hospitals should include a Board member on the Patient and Family Advisory Committee who could convey concerns or ideas directly to the Board	No consensus (68.4)	No consensus (58.5)	No consensus
	Hospitals should include patient/family advisors on the Board or Committees of the Board as voting members	Hospitals should include at least one patient/family advisor on the Board or Committees of the Board as voting members	No consensus (70.2)	Retain (80.0)	Retain
	Hospitals should make the Patient and Family Advisory Committee accountable to the Board for planning and improvement activities	Hospitals should make the Patient and Family Advisory Committee accountable to the Board or a Committee of the Board for planning and improvement activities	No consensus (52.6)	No consensus (64.2)	No consensus
Sub-total			7	2	9
Hospital capacity for patient/family engagement	Hospitals should allocate dedicated operational funding to nurture and maintain patient/family engagement including one or more Patient and Family Advisory Committee's and other engagement activities	---	Retain (84.2)	---	Retain
	Hospitals should appeal to government, which advocates for patient/family engagement, for dedicated funding to support patient/family engagement	---	No consensus (75.9)	No consensus (78.2)	No consensus
	Hospitals should reimburse patient/family advisors for expenses incurred (e.g. use of their own computers, printing costs, gas, mileage, parking, child care)	Hospitals should reimburse patient/family advisors for pre-determined, clearly defined expenses incurred (e.g. use of their own computers, printing costs, gas, mileage, parking, child care)	No consensus (69.0)	No consensus (74.5)	No consensus
	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	---	No consensus (44.8)	No consensus (63.6)	No consensus
	Hospitals should build patient/family engagement compensation and reimbursement into their yearly operational budgets	---	No consensus (63.2)	No consensus (36.4)	No consensus
	Hospitals should include patient/family engagement activities into appropriate	---	No consensus (76.8)	No consensus (75.9)	No consensus

	healthcare worker and staff job descriptions as part of the Human Resource commitment to person-centred care				
	Hospitals should cover the cost of release time for staff so they can participate in patient/family engagement activities	---	No consensus (66.7)	No consensus (61.8)	No consensus
	Hospitals should encourage and reward healthcare workers for participating in patient/family engagement	Hospitals should encourage healthcare workers to participate in patient/family engagement, and recognize their efforts (e.g. in annual performance reviews)	No consensus (62.5)	Retain (80.0)	Retain
	Hospitals should provide access to technology for patient/family advisors so they can fully engage in activities (e.g. email accounts, laptops, digital applications)	Hospitals should assess access to technology for patient/family advisors and provide supports to those in need so they can fully engage in activities (e.g. email accounts, laptops, digital applications)	No consensus (77.2)	No consensus (74.1)	No consensus
	Hospitals should employ a dedicated patient engagement manager to promote and support patient/family engagement	Hospitals should ideally employ a dedicated patient engagement manager to promote and support patient/family engagement, or include this responsibility in an existing closely-related portfolio (e.g. patient relations manager, human resources personnel)	No consensus (75.9)	Retain (88.7)	Retain
	Hospitals should employ dedicated patient engagement staff who are driven by person-centred values and possess skills in reflective listening, compassionate communication, and project coordination and facilitation	---	Retain (84.5)	---	Retain
	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	Hospitals should regularly evaluate patient/family engagement practices and make improvements based on patient/family advisor, healthcare worker and staff feedback, and reflection on what worked and what did not work	Retain (93.0)	---	Retain
Sub-total			3	2	5
Indicators suggested in Round One and rated in Round Two	All recommendations should refer to "patient/family partners" rather than "patient/family advisors" to reflect the aim of true engagement	---	---	No consensus (65.5)	No consensus
	Hospitals should encourage, support and facilitate collaboration with Patient and Family Advisory Committees from other hospitals and Patient Family Advisory Bodies to foster a community of learning	---	---	No consensus (70.9)	No consensus
Sub-total			---	0	0