> "Capable leadership is a fundamental asset for the development of health systems … The need for leaders has never been as critical as it is now."

Those are the conclusions of one of Canada's premier health-system leaders, Ray Racette, the CEO of the Canadian College of Health Leaders. In his wide-ranging conversation with Ken Tremblay presented in this issue, Racette has much to say about the connection between leadership skills – for example, being transparent in decision-making and growing an "environment of collaboration and cooperation" – and the future success of the country's complex health systems.

Leadership Perspective

Racette's insights and advice aptly preface the five articles that comprise the first section of this issue of *Healthcare Quarterly*. We start with Stephen Pinney and Anita Ho's advocacy of greater accountability among healthcare leaders. Taking inspiration from recent reforms to the UK's National Health Service, Pinney and Ho argue for – and offer four strategies for achieving – a "fundamental change in the ultimate responsibility for patient outcomes and system efficiency in Canada"; such responsibility would lie directly with health administrators.

What role can hospital leaders play in population health? That's the central question Ross Graham and Ryan Meili set about to answer in their scrutiny of potential interventions an "upstream hospital leader" could take at the personal, organizational and system levels to address the "root causes" affecting population health improvement. Many of the points Graham and Meili make align with conclusions Jenna Evans and her co-authors draw based on leadership lessons learned by the Toronto Central Community Care Access Centre in connection with integrated care for complex populations. For busy decision-makers, likely the most immediately valuable part of Evans et al.'s article will be its leadership competency framework. This, the authors propose, is aimed at producing and supporting "system leaders" who, among other things, seek to understand patients' and caregivers' "needs and preferences."

One of the thornier challenges in healthcare leadership is the role of physicians, and both of our final two leadership-focused articles examine the topic in the context of physician performance feedback (PPF). Taking the example of Toronto's University Health Network (UHN), Kirsten Wentlandt et al. document a physician-led quality improvement project, central to which were surveys that provided physicians with feedback on their clinical performance. For their part, Amy Cheng and her co-authors give us a "primer" on the five "major" PPF methods, and their experience deploying (not unlike their UHN colleagues) one of them – multisource feedback – among 34 physicians at Toronto's St. Michael's Hospital. Rather interestingly, they conclude that others considering PPF broaden their approach by combining several methods in order to gather objective and subjective data.

Patient Self-Management

Chronic disease is a major concern in industrialized countries. Here, we gathered three articles that address patients' self-management of their chronic conditions. In the first piece, Claudia Amar and her co-authors address two improvement projects in Atlantic Canada, both of which dwelt primarily on health-provider training in self-management support (SMS). In the second article, Peter Picton and colleagues describe an Ontario study looking at the use of an Internet-based diabetes self-care portal. Taking "system usage" as their key evaluative dimension, Picton et al.'s discovery of the impact of patient age and prescribed regimen frequency will prove critical to others planning SM programs. Continuing down the technology path, Bob Parke and Andria Bianchi round out the section with a look inside the role wearable digital devices could play in gathering health-related "micro data" for individuals with chronic diseases. The potential to improve the patient experience and to benefit the health system at large appears, they conclude, significant.

Patient Safety

Healthcare leaders are perennially concerned about patient safety, and over the years *Healthcare Quarterly* has devoted significant resources to exploring this issue. One of the principal hurdles institutional and system leaders face is the "extreme variability" among provincial/territorial and local approaches to reporting. Is a pan-Canadian reporting and learning system possible? Sarah Boucaud and Danielle Dorschner's findings from a literature review suggest steps that might replace the current "patchwork." Delineating five strategic "gaps," the authors make recommendations for each one, such as improving alignment among systems, standardizing terminology and establishing "expectations" around the patient's role in incident reporting.

Workplace Health

Nobody yet has fully cracked the mystery of the low influenza vaccination rates among healthcare workers. Examining a 2014–2015 incentives-based vaccination campaign at Trillium Health Partners in Mississauga, ON, Seema Marwaha et al. reveal the "moderately successful" results of the resource-intensive campaign: rates rose 10% over the year previous, but that still left a gap of 37%. Nevertheless, the team's leveraging of concepts from social marketing and human-centred design will prove fascinating to others tackling this issue.

Changing Practice

Ann Salvador and her colleagues conclude with a report on the successful implementation of the RNAO Best Practice Guideline on Breastfeeding in support of the Baby-Friendly Initiative at Ottawa's l'Hôpital Montfort. The authors share the 12 strategies the Montfort team deployed to "manage better." And, of course, ending as we began, the Montfort experience shines a light on the powerful role of "capable leadership" when instigating such major policy and practice changes.

– The Editors