

Service Level Agreement Base Service: MetaHub Version 2018.01

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eHealth platform

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Service Level Agreement

Base Service: MetaHub

Between

Service provider

eHealth Platform

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To the attention of: the user community

Service customer

User Community

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2. Document management

2.1. Document history

Version	Date	Author	Description of changes / remarks
2015.01	June 2015	eHealth Service Management	Update
2016.01	July 2016	eHealth Service Management	Update for split services and additional dependency of CBSS ID Support service.
2018.01	January 2018	eHealth Service Management	Add performance KPI

2.2. Document references

ID	Title	Version	Date	Author
Mast	er Service Agreement	1.0		

2.3. Purpose of the document

The objective of this document is to define the Service Level Agreement for the set of services included in the *Base Service MetaHub* proposed by the eHealth-platform. It defines the minimum level of service offered on the eHealth-platform, and provides eHealth's own understanding of service level offering, its measurement methods and its objectives in the long run.

The purpose of the portal eHealth is to offer a central entry point for dedicated information and access to healthcare related applications.

2.4. Features

The MetaHub Basic Service of eHealth ensures, with the authorisation of the concerned patient, the interconnection between local and regional systems (Hub) for medical information exchange to allow care provider to find and consult available electronic medical documents of a patient independently from the location of the document storage and the location of the care provider.

MetaHub is a referential repository keeping information on the patient consent to share some medical files as the patient summary and the link between a patient and a hub.

Only authorised Hubs may access to the MetaHub. It needs to have a valid token from the eHealth STS to get access to the MetaHub. Hubs are made of cluster of health organisation as hospitals.

It is composed of two major set of services. The first set of services ensures the management of the patient links. The second one ensures the management of the access to these links: the informed patient consent or "consentement éclairé du patient", the therapeutic links and exclusions or "liens thérapeutiques et exclusions" and access audits.

The first set of services covers the **patient links** management. It allows a hub to know where it can find information about a patient outside of its network. MetaHub simply provides the list of hubs that have information about a patient. It is not the MetaHub's role to know where, within a (sub)regional health network, the information is stored. It is thus more a "locator service" than a "routing component": there are no "document" exchanges that transit throughout the component. It consists of

- Get the patient links [GetPatientLinksRequest]: retrieval of information about which other hubs have a link to a certain patient
- Declare or revoke a patient link [DeclarePatientLinkRequest RevokePatientLinkRequest]: declares/revokes a link between the patient and the hub (request sender). The link declaration indicates that the hub has at least a transaction about the patient.

The second set covers the access to the patient links and is divided in 4 parts:

- The **informed patient consents**: When a patient consent is active at the MetaHub level, the transactions about the patient can be shared between hubs. A link to a patient can only be consulted if the patient has provided his consent to the system.
 - Get the patient consent [GetPatientConsentRequest]: allows a hub to check the existence of an informed patient consent.
 - Declare or revoke patient consent [DeclarePatientConsentRequest RevokePatientConsentRequest]: declares/revokes an informed consent of a patient.
 Note: the validity of the SSIN and support card numbers is checked through the ID Support Webservice which relays the request to a CBSS webservice at the declaration and the revocation of the patient consent,
- The **Therapeutic links**: If a patient consent is active at the MetaHub level, healthcare professionals can access the medical documents of a patient only when a therapeutic link that justifies this consultation exists.
 - Get Therapeutic links [GetTherapeuticLinkRequest]: allows for verification whether
 a therapeutic link exists between a healthcare professional and a patient. This
 service relays all the requests to the Therlink webservice which relays them to a CIN
 webservice that has this information. The response of this service will then be
 relayed back.
- If a Therapeutic exclusion exists between a patient and a healthcare professional, then this
 healthcare professional will not have access to the documents even if he fulfils all the
 requirements.
 - Get Therapeutic exclusions [GetTherapeuticExclusionRequest]: allows the verification whether for a certain healthcare professional-patient combination, exclusion exists in the MetaHub.
 - Declare or revoke Therapeutic exclusion [PutTherapeuticExclusionRequest RevokeTherapeuticExclusionRequest]: declares/revokes a Therapeutic exclusion of a healthcare professional for a certain patient. Call is made to CoBRHA for validation of the healthcare professional data.
 Note: the validity of the SSIN and support card numbers is checked through the ID

Support Webservice which relays the request to a CBSS webservice at the declaration and the revocation of the therapeutic exclusion,

• The audits:

- Get Patient Audit Trail [GetPatientAuditTrailRequest]: allows a patient to check the history of actions hubs have taken concerning him. It only concerns actions taken within the scope of the MetaHub service.
- Get MetaHub Delta [GetMetahubDeltaRequest]: provides the caller with a delta list
 of all the changes that have been made regarding consents, therapeutic exclusions
 and patient links within a certain time period (used as a local cache of the eHealth
 DB's).

2.5. Validity of the agreement

This document is valid as long as the *Base Service MetaHub* is part of the eHealth-platform offering services.

Once a year, the levels of service proposed will be reviewed and confirmed for the next year.

2.6. Service and maintenance window

2.6.1. Service window

The time frame during which the eHealth services are offered to the client applications, is defined in terms of days and hours. Standard working days are all days of the year, except during the biannual maintenance periods and Bank Holidays.

The following table summarises the eHealth service window.

			Sei	vice Windo)W			
		Day of the week (closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	00:00 - 07:00							
g	07:00 – 08:00							
eric	08:00 – 16:30							
Day period	16:30 – 19:00							
Da O	19:00 – 20:00							
	20:00 – 24:00							

	Legend
	Timeslots where the Service must be available according to the SLA and where corrective actions will be taken to resolve detected Incidents.
	Timeslots where the Service will be available provided there are no blocking Incidents. If these incidents do appear, no corrective action will be taken.
	Timeslots where unavailability can occur.

2.6.2. Support Window

			Su	pport Windo	w			
			Day of th	e week (Closin	g days of Ser	vice Provider	= Sunday)	
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	00:00 - 07:00							
	07:00 - 08:00							
Day period	08:00 - 16:30							
∑ O	16:30 – 19:00							
n n	19:00 – 20:00							
	20:00 – 24:00							
				Legend			0.00	20.041.11
	Timeslots for which th and DB)	ne eHealth Call Cen	iter is available	for the End-Users \	with a second line	e support for Inf	rastructure (HW, 0	OS, Middlewai
	Timeslots for which th	ne eHealth Call Cen	ter is available	for the End-Users v	with a second line	e support, includ	ling Application So	upport
	Timeslots for which the message that will be			le for the End-User	s. The End-User	will have the po	ossibility to record	a voice

2.6.3. Maintenance Windows & Planned Interventions

eHealth will strive for limiting as much as possible the impact and duration of the planned interventions. Today, eHealth is committed to make efforts so planned unavailability's do not exceed one to a few hours per year. In case of maintenance requiring support from users, or impacting them, eHealth will notify them at least one week ahead.

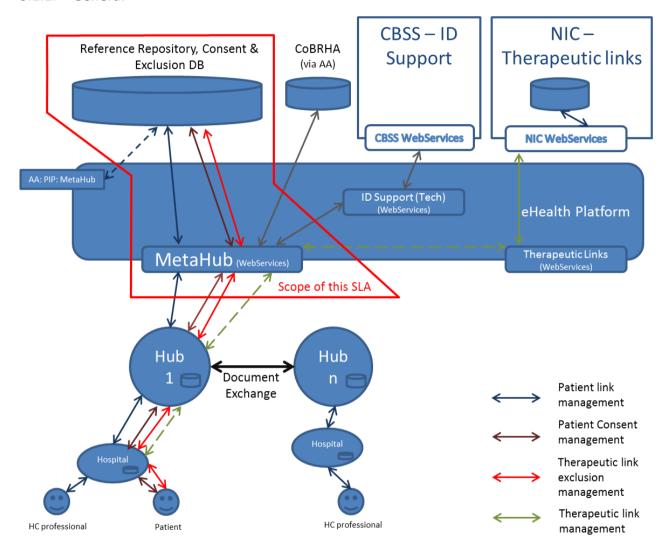
2.6.4. Unplanned Interventions

Under exceptional circumstances, unplanned interventions may be needed in order to restore the service.

3. Service scope

3.1. eHealth service

3.1.1. **General**



The main components included in this SLA are:

- MetaHub DB (Reference Repository), Consent and Exclusion DB
- eHealth MetaHub Webservices (used by the Hubs, after Access Rights checks):
 - Patient link management (Get/Declare/Revoke)
 - o Informed Patient Consent management (Get/Declare/Revoke)
 - Therapeutic Exclusion management (Get/Declare/Revoke)
 - Therapeutic Links Request (Get only, for GMD therapeutic links only)
 - Get Patient Audit Trail

o Get MetaHub Delta

3.1.2. Abbreviations

AA	Attribute Authority
CBSS	Crossroads Bank for Social Security
CIN (NIC)	Collège Intermutualiste National
CoBRHA	Common Base Registry for Healthcare Actors
GMD	Global Medical Dossier
НС	Health Care
STS	Secure Token Service
SSIN	Social Security Identification Number
UAM	User and Access Management

3.2. Business criticality

The business criticality of MetaHub service is **Gold** as it supports mandatory business processes that should be processed synchronously and within some legal periods.

3.3. Interdependencies

N/A

4. List of service levels

<u>Table 1:</u> List of key performance indicators (KPI) per service

Service	KPI	SL ID	Condition	Measure based on	Limit	Service Window	Objective Committed	Objective Target
MetaHub	Availability MetaHub ws		Test script passes	Fictitious request		Mo – Su 0:00 – 24:00	99,5%	99,9%
	Performance MetaHub ws - DeclarePatientLink		Response time < 1 sec	Real transactions		Mo – Su 0:00 – 24:00	98,0%.	99,0%
	Performance MetaHub ws - GetPatientLink		Response time < 1 sec	Real transactions		Mo – Su 0:00 – 24:00	98,0%.	99,0%
	Performance MetaHub ws - RevokePatientLink		Response time < 4 sec	Real transactions		Mo – Su 0:00 – 24:00	98,0%.	99,0%
	Performance MetaHub ws – GetPatientConsentµ		Response time < 1 sec	Real transactions		Mo – Su 0:00 – 24:00	98,0%.	99,0%
	Performance MetaHub ws – DeclarePatienConsent		Response time < 1 sec	Real transactions		Mo – Su 0:00 – 24:00	98,0%.	99,0%
	Performance MetaHub ws – RevokePatienConsent		Response time < 1 sec	Real transactions		Mo – Su 0:00 – 24:00	98,0%.	99,0%
	Performance MetaHub ws – GetTherapeuticExclusion		Response time < 1 sec	Real transactions		Mo – Su 0:00 – 24:00	98,0%.	99,0%
	Performance MetaHub ws – GetTherapeuticLinks		Response time < 4 sec	Real transactions		Mo – Su 0:00 – 24:00	N-A	98,0%

Performance MetaHub ws – GetMetahubdelta	Response time < 4 sec	Real transactions	Mo – Su 0:00 – 24:00	N-A	99,0%
Performance MetaHub ws –	Response time < 1 sec	Real transactions	Mo – Su 0:00 – 24:00	N-A	99,0%
GetPätientAuditTrail	1 300		0.00 24.00		

5. Detailed service level per service

5.1.1. Availability MetaHub ws – Get Patient Link

	Ohie	ctives					
Definition	The eHealth MetaHub w The MetaH	 The MetaHub ws can be accessed and respond (keep Alive test) Planned interventions executed within the Maintenance Window are not recorded as 					
Measuring method		every 5 minutes. When the script is executed with as result a Status "OK", the test					
	When the script is execu-	ted with an other result, the to	est "failed"				
	 Measuring is always dor 	ne on test scenarios					
Calculation		$\frac{\sum Passed\ Tests\ x\ 100}{\sum Total\ Tests}$					
		s = Total number of tests laur ests = Total number of tests th timeframe					
	 Correction they were 	s are applicable on tests that caused:	are not taken into a	account because			
		by a Validated Authentic Sou scope of this SLA	rce or partner appli	cation out of			
		by a failing monitoring tool					
Reporting and evaluation period	The availability is calculated and reported monthly. Corrective interventions are initiated when appropriate.						
	 The formal evaluation how 	wever is done on a yearly bas	is.				
Service Level Objectives	Functionality	Service Window	Service Lev	el Objective			
			Committed	Target			
	Availability MetaHub ws	Mo – Su 0:00 – 24:00	99,5%	99,9%			

5.1.2. Performance MetaHub ws

	Objectives	5					
Definition	 Get Therapeutic extended Declare/Revoke Therapeutic linition Get Therapeutic linition Get Patient Audit Therapeutic Get MetaHub Delta Attention: The response time does The time needed to 	execute a request. This tient link at (for information) tient Consent (depend clusions (for informatio erapeutic exclusions (exceptions) as (for GMD only), depend rail (for information) (for information)	is request can be: Is on CBSS) (for inforon) depends on CBSS) (for inforon) depends on CIN (for inforon) on over the Internet	rmation) for information) ormation)			
Measuring method	 This response time is measured on the Reverse Proxies. Both start time (request received) and stop time (answer sent to the End User) are measured and stored in a database. Measuring is done on real transactions, and only on those having a "stop time" within the measuring period. All response times are calculated: Stop time – Start time for every request. The percentage that meets the target is calculated based on following formula: Performance = \(\sumeq \frac{Tests meeting}{\sumeq Total Tests} \) \(\lambda \)						
Calculation							
	<u>-</u>						
	The warfarrance is calculated and de-						
Reporting and evaluation period	The performance is calculated and when appropriate. The formal purple size is a surgery in a series in the series in the series is a series in the ser	reported monthly. Co	rrective interventions				
period	when appropriate. The formal evaluation however is defined by the second secon	reported monthly. Col	rrective interventions	are initiated			
	when appropriate.	reported monthly. Co	rrective interventions	are initiated			
period	when appropriate. The formal evaluation however is described by the formal evaluation how the formal evaluation h	reported monthly. Col	rrective interventions . Service Leve	are initiated			
period	when appropriate. The formal evaluation however is defined by the	reported monthly. Control on a yearly basis. Target	Service Leve	are initiated el Objective Target			
period	when appropriate. The formal evaluation however is defined by the	reported monthly. Contained on a yearly basis. Target < 1 sec	Service Level Committed 98,0%	are initiated el Objective Target 99,0%			
period	when appropriate. The formal evaluation however is described by the formal evaluation however is described by the formal evaluation however is described by the formance MetaHub ws: DeclarePatientLink Performance MetaHub ws: GetPatientLink Performance MetaHub ws:	reported monthly. Collone on a yearly basis. Target < 1 sec < 1 sec	Service Level Committed 98,0% 98,0%	are initiated el Objective Target 99,0%			
period	when appropriate. The formal evaluation however is defined by the formation of the formati	reported monthly. Collone on a yearly basis. Target < 1 sec < 1 sec < 4 sec	Service Level Committed 98,0% 98,0%	el Objective Target 99,0% 99,0%			
period	when appropriate. The formal evaluation however is defined by the formal evaluation however is defined by the formance MetaHub ws: DeclarePatientLink Performance MetaHub ws: GetPatientLink Performance MetaHub ws: RevokePatientLink Performance MetaHub ws: DeclarePatienConsent Performance MetaHub ws:	reported monthly. Continue on a yearly basis. Target < 1 sec < 4 sec < 1 sec < 1 sec	Service Level Service Level Service Se	el Objective Target 99,0% 99,0% 99,0%			
period	when appropriate. The formal evaluation however is defined by the format and the following properties of the foll	reported monthly. Contained a yearly basis. Target <1 sec <1 sec <4 sec <1 sec <1 sec <1 sec <1 sec <1 sec	Service Level Service Level Service Se	el Objective Target 99,0% 99,0% 99,0% 99,0% 99,0%			
period	when appropriate. The formal evaluation however is defined by the format evaluation however is defined by the formance of the	reported monthly. Contained in a yearly basis. Target < 1 sec < 1 sec < 4 sec < 1 sec	Service Level Service Level Service Se	are initiated el Objective Target 99,0% 99,0% 99,0% 99,0% 99,0% 99,0%			