

## Service Level Agreement Base Service: CoBRHA Version 2017.01

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# eHealth platform

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## **Service Level Agreement**

## **Base Service CoBRHA**

**Between** 

Service provider

eHealth Platform

Quai de Willebroeck, 38

**B-1000 BRUXELLES** 

To the attention of: the user community

**Service customer** 

**User Community** 

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# 1. Table of Content

| 1. | Tabl  | e of Content  | 3 |
|----|-------|---|---|
| 2. | Doc   | ument management                                      | 4 |
|    | 2.1.  | Document history                                      | 4 |
|    | 2.2.  | Document references                                   | 4 |
|    | 2.3.  | Purpose of the document                               | 5 |
|    | 2.4.  | Validity of the Agreement                             | 5 |
|    | 2.5.  | Service and Maintenance Windows                       | 6 |
|    | 2.5.1 | I. Service Windows                                    | 6 |
|    | 2.5.2 | 2. Support Window                                     | 7 |
|    | 2.5.3 | 3. Maintenance Windows & Planned Interventions        | 7 |
|    | 2.5.4 | 1. Unplanned Interventions                            | 7 |
| 3. | Serv  | rice scope  | 8 |
|    | 3.1.  | eHealth Service                                       | 8 |
|    | 3.1.1 | I. Architecture overview                              | 8 |
|    | 3.1.2 | 2. Functionality                                      | 9 |
|    | 3.2.  | Business criticality                                  | 0 |
|    | 3.3.  | Interdependencies                                     | 0 |
| 4. | List  | of Service Levels1                                    | 1 |
| 5. | Deta  | illed Service Level per service1                      | 2 |
|    | 5.1.  | Interactive CoBRHA Services: End-to-end availability1 | 2 |
|    | 5.1.1 | I. End-to-end availability (EA):1                     | 2 |
|    | 5.2.  | Interactive CoBRHA Services: Response time            | 3 |
|    | 5.2.1 | I. Response time (RT)                                 | 3 |

# 2. Document management

## 2.1. Document history

| Version | Date     | Author                        | Description of changes / remarks |
|---------|----------|-------------------------------|----------------------------------|
| 2015.01 | May 2015 | eHealth Service<br>Management | Update                           |
| 2017.01 | May 2017 | eHealth Service<br>Management | Update                           |

## 2.2. Document references

| ID | Title                    | Version | Date | Author |
|----|--------------------------|---------|------|--------|
|    | Bestuur overeenkomst     |         |      |        |
|    | Master 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 *Base Service Cobraha* proposed by the eHealth platform to publish and consult data in the common base registry for healthcare actors (Cobraha). 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.

This document contains a short description of the set of services offered by the common base registry for Healthcare Actors (CoBRHA). These services should be distinguished into batch services and webservices<sup>1</sup> for which SLA will be different. Batch services essentially correspond to file exchange for which results will be asynchronous while consultation and publication webservices will be synchronous.

In addition, this document contains a short description of, or a link to a location where such a description can be found:

- some of the dependencies on technical and/or functional components needed and used by the Web Services,
- some technical and/or functional components on which the Services are dependent,
- measurements and KPIs intended to account for a certain number of performance indicators.

This document is a complement to the *Master Service Agreement (MSA)*. The information given in this document version takes precedence over the data regarding the same subjects given in former versions and in the MSA. Items described in the MSA include, for instance:

- a broad description of the business services offered by the eHealth platform to the applications which may want to make use of them,
- description of cross-sectional services offered on the eHealth platform,
- description of support services, including registering, managing and solving possible incidents with the CoBRHA suite of services, managing changes,
- performance indicators related to those services.

## 2.4. Validity of the Agreement

This document is valid as long as the *Base Service CoBRHA* is part of the eHealth offering.

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

<sup>&</sup>lt;sup>1</sup> In order to use those web services, an interface needs to be built, operated and maintained by the client application supplier as described in the cookbooks.

## 2.5. Service and Maintenance Windows

## 2.5.1. Service Windows

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 Windows.

|            | Service Window |        |              |                |                  |               |          |        |
|------------|----------------|--------|--------------|----------------|------------------|---------------|----------|--------|
|            |                |        | Day of the w | eek (closing d | ays of Service I | Provider = Su | nday)    |        |
|            |                | Monday | Tuesday      | Wednesday      | Thursday         | Friday        | Saturday | Sunday |
|            | 00:00 - 07:00  |        |              |                |                  |               |          |        |
| 0          | 07:00 – 08:00  |        |              |                |                  |               |          |        |
| erio       | 08:00 – 16:30  |        |              |                |                  |               |          |        |
| Day period | 16:30 – 19:00  |        |              |                |                  |               |          |        |
|            | 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.   |  |  |  |  |

### 2.5.2. Support Window

| Support Window |               |  |         |           |          |        |          |        |
|----------------|---------------|--|---------|-----------|----------|--------|----------|--------|
|                |               | Day of the week (Closing day of the eHealth platform = Sunday) |         |           |          |        |          |        |
|                |               | Monday   | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|                | 00:00 - 07:00 |  |         |           |          |        |          |        |
| -              | 07:00 – 08:00 |  |         |           |          |        |          |        |
| erioc          | 08:00 – 16:30 |  |         |           |          |        |          |        |
| Day period     | 16:30 – 19:00 |  |         |           |          |        |          |        |
|                | 19:00 – 20:00 |  |         |           |          |        |          |        |
|                | 20:00 – 24:00 |  |         |           |          |        |          |        |

|   | Legend   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Timeslots during which the eHealth Contact Center is available for the End-Users with a second line support for Infr Middleware and DB) |  |  |  |  |  |  |  |
|   | Timeslots during which the eHealth Contact Center is available for the End-Users with a second line support, including the Application Support   |  |  |  |  |  |  |
|   | Timeslots during which the eHealth Contact Center is unavailable for the End-Users. The End-User will have the possibility to record a voice message that will be treated on the next Workday. |  |  |  |  |  |  |

## 2.5.3. 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.

• Portal, Network interventions and application release: 2 times a year.

## 2.5.4. Unplanned Interventions

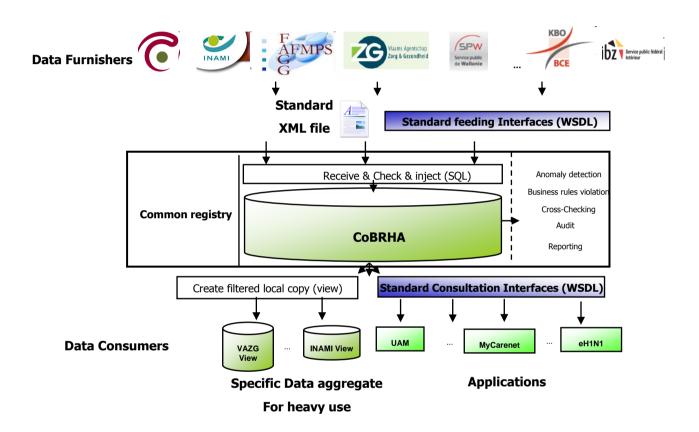
In exceptional circumstances, unplanned interventions may be needed in order to restore the service.

## 3. Service scope

## 3.1. eHealth Service

## 3.1.1. Architecture overview

High level overview diagram:



### 3.1.2. Functionality

This Service Level Agreement is concerned with the Base Service CoBRHA, i.e. the suite of services offered by the eHealth platform to access the Validated Sources for HealthCare Actors Authentication listed in Table 1.

| Authentic Sources  | Data Concerned  |  |  |  |  |
|--------------------|---|--|--|--|--|
| FAGG / AFMPS       | Pharmacies Registry   |  |  |  |  |
| RIZIV / INAMI      | Care Providers and their roles  |  |  |  |  |
| FOD VVL / SPF SP   | HealthCare Professionals Registry   |  |  |  |  |
|                    | HealthCare Institutions Centralized file (CIC)  |  |  |  |  |
| KBO / BCE          | HealthCare enterprises and self-employed  |  |  |  |  |
| Community / Region | Signaletics and approvals regarding HealthCare Institutions under the competencies of Belgian communities and/or regions. |  |  |  |  |

Table 1: Authentic sources and core data

Consumers of these services are authentic sources and their client applications, on the premise that they have been granted proper access and comply with legal requirements. The services are intended to make it easier to obtain healthcare actor-related data for administrative purposes.

The eHealth platform only provides interfaces for consulting the consolidated repositories. From a content point of view, those repositories are managed respectively by the authentic sources (a.k.a data furnishers).

From a business point of view, the Base Service CoBRHA should essentially allow data furnishers to publish data and data consumers to consult them.

From a technical point of view, the core component of this common registry is the common data base in which consolidated data will be stored. Beside this common data base, different mechanisms are provided to feed, consult and manage it.

## 3.2. Business criticality

The Service Level Criticality (as described in the MSA) for this on-line Basic Service is GOLD except for SFTP which is Best Effort.

## 3.3. Interdependencies

The services covered by this Service Level Agreement are functionally dependent upon

- o Authentic sources data update frequencies and data qualities
- services offered by CBSS and CBE for data respectively concerning Belgian physical person recognised by Belgian National register and Belgian companies recognised by CBE,

The Cobram services depend on the Certification eHealth base service to ensure that only authorised entities can have access to these services either webapp or webservices.

# 4. List of Service Levels

| services      | Measure<br>of           | Limit  | Committed | Target | Calculation window |
|---------------|-------------------------|--|-----------|--------|--------------------|
| _             | End to end availability | successful hit   | 99%       | 99,50% | monthly            |
| Publish by SF | Data<br>availability    | if publication<br>request<br>between 9<br>a.m. and 10<br>p.m. then<br>published<br>next day at 8<br>a.m. | 95%       | 99,00% | 6-monthly          |

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

| CoBRHA                |              |        |  |  |  |
|-----------------------|--------------|--------|--|--|--|
| CoBRHA WSPub          | Availability | 99,50% |  |  |  |
| CoBRHA WSPub < 4 sec  | Performance  | 98,00% |  |  |  |
| CoBRHA WSCons         | Availability | 99,50% |  |  |  |
| CoBRHA WSCons < 4 sec | Performance  | 98,00% |  |  |  |

## 5. Detailed Service Level per service

## 5.1. Interactive Cobram Services: End-to-end availability

#### 5.1.1. End-to-end availability (EA):

#### 5.1.1.1. **Definition(s)**

Percentage of time the interactive querying service has been available from a user point of view (based on real transactions).

### 5.1.1.2. KPI Objectives

Ensure that the specific interactive web service is available on the eHealth platform.

The service is considered as available when it provides a successful response at each access. Successful responses are all Front Web Service responses which do not mention the unavailability of a component needed to route a request from its reception at a Front Web Service till the answer is delivered. Poor request formulations (e.g. bad NISS) which provide an error message, are considered as successful transactions when this error message is not related to a component failure.

#### 5.1.1.3. Measurement method

A <u>hit</u> is an access to the Front Web Service of eHealth.

A <u>successful hit</u> is an access to the Front Web Service of eHealth with a response excluding any component unavailability.

Therefore, it measures the availability of the querying service at the Front Web Service.

#### 5.1.1.4. KPI Formula

 $EA = (\Sigma NSH / \Sigma NH) \times 100$ 

where

NSH = Number of Successful Hits

NH = Number of well-formed Hits received

#### 5.1.1.5. Calculation window

Monthly (with a minimum of 100 hits per month).

## 5.2. Interactive CoBRHA Services: Response time

### 5.2.1. Response time (RT)

#### 5.2.1.1. *Definition(s)*

Time spent between receiving a request on the eHealth infrastructure and making the answer available to the client application.

#### 5.2.1.2. KPI Objectives

Ensure that each ConsultRN web service request handled through the eHealth platform is being processed within the response time limit (see Table 1). It ensures the follow-up of the web service performance.

#### 5.2.1.3. Measurement method

The response time is the answering time registered for all successful requests, as obtained from logs of incoming and outgoing requests on the Reverse Proxies.

The key performance indicator measures the percentile corresponding to values below the response time limit.

### 5.2.1.4. KPI Formula

Compute the percentile corresponding to values below the agreed KPI for the response time

$$\Sigma \mbox{ (successful request with an answering time within the response time limit )} $$ RT = $$ \sum \mbox{ (successful request)} $$$$

#### 5.2.1.5. Calculation window

Monthly (with a minimum of 100 hits per month).