

**Service Level Agreement
Base service: Consent
Version 2018.01**

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eHealth platform

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1. Document management

1.1 Document history

Version	Date	Author	Description of changes / remarks
2016.01	July 2016	eHealth Service Management	First version
2018.01	February 2018	eHealth Service Management	Modification KPI

2. Introduction

2.1 Information on the Agreement

Service Provider	eHealth platform 38, Quai de Willebroeck 1000 Bruxelles
Service Customer/Attn:	The user community
Author	eHealth platform Service Management
Date	February, 2018
Status	FINAL
Type	Public
Language	English
Exhibit of	MSA
Confidentiality	/

2.2 Goal 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 Consent](#) 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 end.

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

2.3 eHealth platform document references

ID	Title	Version	Date	Author
1	Master Service Agreement	1.0		eHealth platform

2.4 Features

The Consent Basic Service of the eHealth platform allows the handling of the patient's agreement to exchange his own medical data through authorised professionals and healthcare institutions.

This service is linked to Metahub Service (see corresponding SLA for more information).

Consent Base Service is composed of two parts:

a) Consent Webservice

When a **patient consent** is active at the eHealth national level then a patient agrees to take part in the digital information exchange of his own medical data. This web service connects to the same database as the Metahub WS to manage and consult consents.

Only authorised types of professionals (doctor, nurse, dentist, midwife, and pharmacist) or professional organisations (Insurance organisations, CIN, Vitalink) may access to the Consent WS.

Patients can also access it through specialized frontend software. They need to have a valid token from the eHealth platform STS to get access to this web service.



The two services covered by the WS are:

- *Get the patient consent [GetPatientConsentRequest]*: allows a hub to check the existence of an informed patient consent.
- *Declare or revoke patient consent [PutPatientConsentRequest - RevokePatientConsentRequest]*: declares/revokes an informed consent of a patient.

b) Consent WebApplication

The Consent WA is not an exact representation of the functionality present in the Consent WS.

The three covered functionalities are:

- The **informed patient consents**: When a patient consent is active at the MetaHub level, the medical data of the patient can be shared between healthcare actors.
- 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.
- If a **Therapeutic exclusion** exists between a patient and a healthcare professional, then this healthcare professional and institutions will not have access to the documents even if he fulfils all the requirements.

Note: the validity of the SSIN and support card numbers is checked through the ID Support Web Service, which relays the request to a CBSS web service at the consultation, the declaration and the revocation of the Therapeutic relations.

A patient can manage (get, put and revoke) through this WA:

- His/her consent and the corresponding audit
- His/her exclusions with one or more professionals and the corresponding audit
- His/her therapeutic links and the corresponding audit

A professional can manage for a certain patient:

- The patient's consent and the corresponding audit
- The patient's therapeutic links and the corresponding audit (only when certain pre-conditions are fulfilled)

2.5 Validity of the agreement

This document is valid as long as the [Base Service Consent](#) 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 period 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.






Service Window								
		Day of the week (closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day period	00:00 – 07:00							
	07:00 – 08:00							
	08:00 – 16:30							
	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.

2.6.2 Support window

Service Window								
		Day of the week (closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day period	00:00 – 07:00							
	07:00 – 08:00							
	08:00 – 16:30							
	16:30 – 19:00							
	19:00 – 20:00							
	20:00 – 24:00							

Legend	
	Timeslots for which the eHealth Call Center is available for the End-Users with a second line support for Infrastructure (HW, OS, Middleware and DB)
	Timeslots for which the eHealth Call Center is available for the End-Users with a second line support, including Application Support
	Timeslots for which the eHealth Call 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.

2.6.3 Maintenance windows & planned interventions

The eHealth platform will strive for limiting as much as possible the impact and duration of the planned interventions. Today, the eHealth platform 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, the eHealth platform will notify them at least one week ahead.



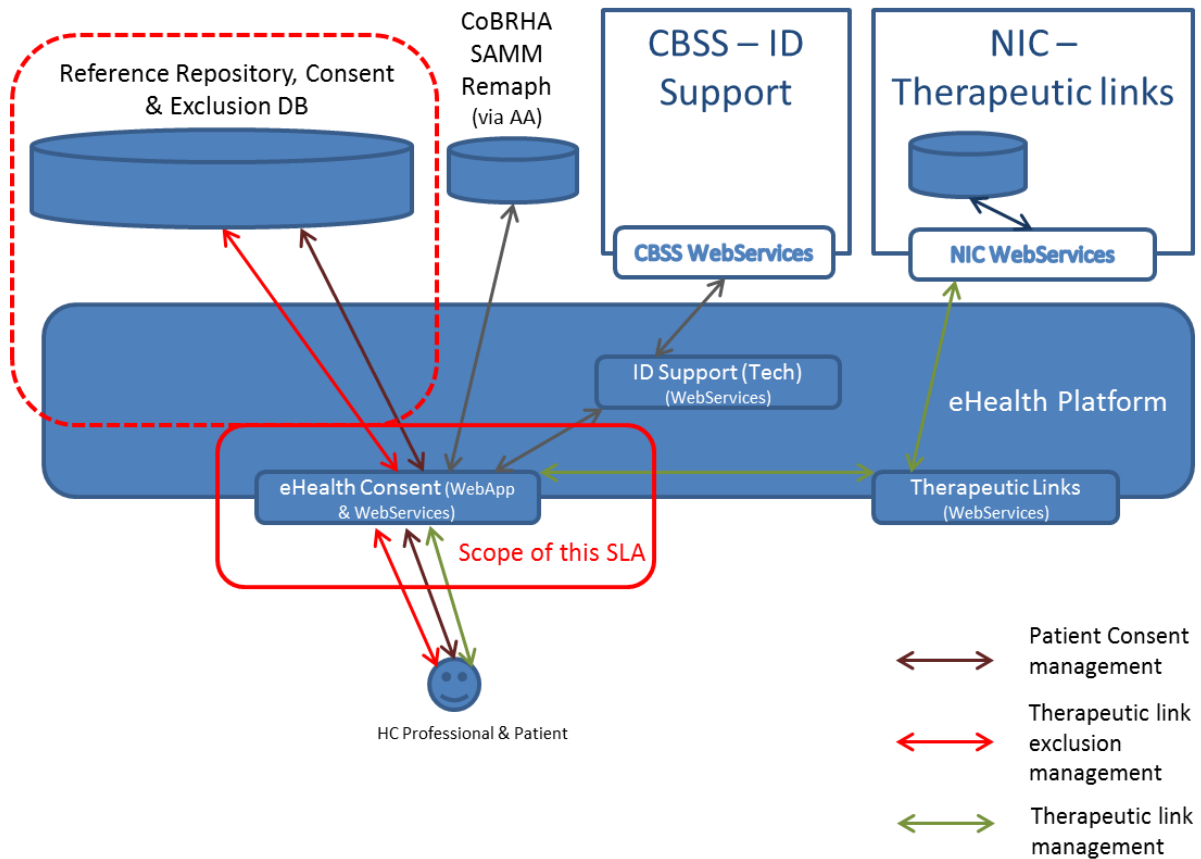
2.6.4 Unplanned interventions

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

3. Service scope

3.1 eHealth platform service

3.1.1 General



The main components included in this SLA are:

- eHealth Consent Web Application (used by the Patient and HC Professionals on behalf of the Patient, after Access Rights checks):
 - Informed Patient Consent management (Get/Declare/Revoke), including history data (using Get Patient Audit Trail method)
 - Therapeutic Links management (Get/Declare(Put)/Revoke) , including history data (some legal restrictions exist for HC Professionals) (using Get Therapeutic Links method)
 - Therapeutic Exclusion management (Get/Declare/Revoke) , including history data (only possible by the Patient self) (using Get Patient Audit Trail method)

The declaration of a Therapeutic exclusion or therapeutic link can be done by using the NIHI number of the HC Professional or by searching him from a list built after filling (partially) name / first name of the HC Professional.

The revocation of a Therapeutic Exclusion or Link is done by selecting it in the list of the existing ones.

- eHealth Consent Web Services (used by the Patient and by HC Professionals and other authorized organisations on behalf of the Patient, after Access Rights checks):



- Informed Patient Consent management (Get/Declare/Revoke), including history data (using Get Patient Audit Trail method)

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
HC	Health Care
STS	Secure Token Service
NIHII	National Institute for Health and Invalidation Insurance (INAMI, RIZIV)
SAMM	Source Authentique Migrée mirrorée
SSIN	Social Security Identification Number
STS	Secure Token Service
UAM	User and Access Management

3.2 Business criticality

The business criticality of TherLink 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

Table 1: List of key performance indicators (KPI) per service

Service	KPI	SL ID	Condition	Measure based on	Limit	Service Window	Objective Committed	Objective Target
Consent	Availability Consent WebApp		Test script passes	Fictitious request		Mo – Su 0:00 – 24:00	99,5%	99,9%
	Performance Consent WebApp (All)		Response time <4 sec	Real transaction		Mo – Su 0:00 – 24:00	N/A	95,0%
	Availability Consent WS		Test script passes	Fictitious request		Mo – Su 0:00 – 24:00	99,5%	99,9%
	Performance Consent WS (All)		Response time <4sec	Real transaction		Mo – Su 0:00 – 24:00	98,0%	98,0%
	Performance Consent WS - PutPatientConsent		Response time <4sec	Real transaction		Mo – Su 0:00 – 24:00	98,0%.	99,0%

5. Detailed service level per service

5.1 Availability Consent WebApp

Objectives				
Definition	<ul style="list-style-type: none"> The eHealth WebApp Consent is considered to be available when a test user can get: <ul style="list-style-type: none"> his Consent his therapeutic links his therapeutic link exclusions Planned interventions executed within the Maintenance Window are not recorded as unavailable time. 			
Measuring method	<ul style="list-style-type: none"> The availability of the different functionalities is measured by executing the test scripts every 5 minutes. When the script is executed with as result a Status "OK", the test "passed". When the script is executed with another result, the test "failed". Measuring is always done on test scenarios. 			
Calculation	$Availability = \frac{\sum Passed\ Tests \times 100}{\sum Total\ Tests} \%$ <ul style="list-style-type: none"> Total Tests = Total number of tests launched within corrected timeframe Passed Tests = Total number of tests that resulted in a status "OK" within the same timeframe Corrections are applicable on tests that are not taken into account because they were caused: <ul style="list-style-type: none"> by a Validated Authentic Source or partner application out of scope of this SLA by a failing monitoring tool 			
Reporting and evaluation period	<ul style="list-style-type: none"> The availability is calculated and reported monthly. Corrective interventions are initiated when appropriate. The formal evaluation however is done on a yearly basis. 			
Service Level Objectives	Functionality	Service Window	Service Level Objective	
			Committed	Target
	Availability Consent WebApp	Mo – Su 0:00 – 24:00	99,5%	99,9%

5.2 Performance Consent WebApp

Objectives			
Definition	<ul style="list-style-type: none"> The performance of the eHealth Consent webapp refers to its response time. Response time meaning the time needed to execute a request. This request can be <ul style="list-style-type: none"> Get Patient Consent Declare/Revoke Patient Consent Get Therapeutic exclusions Declare/Revoke Therapeutic exclusions (depends on SAMM)/CoBRHA) Get Therapeutic links (depends on CIN) Declare/Revoke Therapeutic links (depends on SAMM/CoBRHA and CIN) Attention: The response time does not include: <ul style="list-style-type: none"> The time needed to deliver the information over the Internet The time needed to process the information at the End Users premises. 		
Measuring method	<ul style="list-style-type: none"> 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. 		
Calculation	<ul style="list-style-type: none"> All response times are calculated: Stop time – Start time for every request. The percentage that meets the target is calculated based on following formula: $Performance = \frac{\sum Tests\ meeting\ the\ target \times 100}{\sum Total\ Tests} \%$		
Reporting and evaluation period	<ul style="list-style-type: none"> The performance is calculated and reported monthly. Corrective interventions are initiated when appropriate. The formal evaluation however is done on a yearly basis. 		
Service Level Objectives	Functionality	Target	Service Level Objective
			Committed Target
	Performance Consent WS WebApp	< 4 sec	N/A 95,0



5.3 Availability Consent Web Service

Objectives			
Definition	<ul style="list-style-type: none"> The eHealth WebService Consent is considered to be available when it is reachable via the BUS and when the DBs are up and running (get request and evaluation of the response - keep Alive Test) Planned interventions executed within the Maintenance Window are not recorded as unavailable time. 		
Measuring method	<ul style="list-style-type: none"> The availability of the different functionalities is measured by executing the test scripts every 5 minutes. When the script is executed with as result a Status "OK", the test "passed". When the script is executed with an other result, the test "failed" Measuring is always done on test scenarios 		
Calculation	$Availability = \frac{\sum Passed\ Tests \times 100}{\sum Total\ Tests} \%$ <ul style="list-style-type: none"> Total Tests = Total number of tests launched within corrected timeframe Passed Tests = Total number of tests that resulted in a status "OK" within the same timeframe Corrections are applicable on tests that are not taken into account because they were caused: <ul style="list-style-type: none"> by a Validated Authentic Source or partner application out of scope of this SLA by a failing monitoring tool 		
Reporting and evaluation period	<ul style="list-style-type: none"> The availability is calculated and reported monthly. Corrective interventions are initiated when appropriate. The formal evaluation however is done on a yearly basis. 		
Service Level Objectives	Functionality	Service Window	Service Level Objective
			Committed Target
	Availability Consent WS	Mo – Su 0:00 – 24:00	99,5% 99,9%



5.4 Performance Consent Web Service

Objectives			
Definition	<ul style="list-style-type: none"> The performance of the eHealth Consent webservice refers to its response time. Response time meaning the time needed to execute a request. This request can be <ul style="list-style-type: none"> Get Patient Consent Put Patient Consent Revoke Patient Consent Attention: The response time does not include: <ul style="list-style-type: none"> The time needed to deliver the information over the Internet The time needed to process the information at the End Users premises. 		
Measuring method	<ul style="list-style-type: none"> 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. 		
Calculation	<ul style="list-style-type: none"> All response times are calculated: Stop time – Start time for every request. The percentage that meets the target is calculated based on following formula: $Performance = \frac{\sum Tests\ meeting\ the\ target \times 100}{\sum Total\ Tests} \%$		
Reporting and evaluation period	<ul style="list-style-type: none"> The performance is calculated and reported monthly. Corrective interventions are initiated when appropriate. The formal evaluation however is done on a yearly basis. 		
Service Level Objectives	Functionality	Target	Service Level Objective
			Committed Target
	Performance Consent WS (all)	< 4 sec	98,0% 98,0%
	Performance Consent WS PutPatientConsent	< 4 sec	98,0% 99,0%