

Plot No. 2, Knowledge Park-III, Greater Noida (U.P.) –201306

PGDM/PGDM (General) -2021-23
END TERM EXAMINATION (TERM -IV)
Academic Session: 2022-23

Subject Name: **Service Operations Management**
Sub. Code: **PGO42**

Time: **02.30 hrs.**
Max Marks: **40**

Note:

All questions are compulsory. Section A carries 5 marks: 5 questions of 1 marks each, Section B carries 21 marks having 3 questions (with internal choice question in each) of 7 marks each and Section C carries 14 marks one Case Study having 2 questions of 7 marks each.

SECTION - A

Attempt all questions. All questions are compulsory.

1 × 5 = 5 Marks

- Q. 1 (A):** What is the impact of types of service on services cape?
Q. 1 (B): How will you assess website of Make My Trip as a customer?
Q. 1 (C): How Bank Managers reduce Balking at Banks.
Q. 1 (D): Differentiate between Goods and Services.
Q. 1 (E): How service supply chains are different from goods supply chain?

(CO1)

SECTION - B

Attempt any five out of six questions

7 × 03 = 21 Marks

Q. 2: A. Think of the last time something went wrong in a service encounter and you complained. Evaluate using concepts of Service Operations how it was handled. **(CO2)**

Or

Q. 2: B. A tour operator specializing in holidays for young people is concerned about the quality of services provided. Each month the marketing manager reports on the number of complaints received. How could this be better reported to help the firm improve its service? **(CO2)**

Q. 3: A. Analyze the servicescape of Movie Theatre you last visited. What aspects encourage the right behaviors in the customers and employees? Were there any aspects of the servicescape that you would change? **(CO3)**

Or

Q. 3: B. Justify the following statement “Locating facility to a new location can be a part of growth strategy”. **(CO3)**

Q. 4: A. For a High Volume/Low Variety Service (B2C) and for a Low Volume/High Variety Service (B2B or Professional Service), Identify potential gaps between customer expectation and customer perception of service delivery. What strategies would you suggest these organizations utilise to close these gaps? **(CO4)**

Or

Q. 4: B. Explain the recent innovation in the services processes in government through the use of technology. What have been the challenges and benefits? (CO4)

SECTION - C

Read the case and answer the questions

7 × 02 = 14 Marks

Q. 5: Case Study:

What if hospitals were run like a mix of Wal-Mart and a low-cost airline? The result might be something like the chain of "no-frills" Narayana Hrudayalaya hospital in southern India.

"Today healthcare has got phenomenal services to offer. Almost every disease can be cured and if you can't cure patients, you can give them meaningful life," says company founder Devi Shetty, one of the world's most famous heart surgeons. "But what percentage of the people of this planet can afford it? A hundred years after the first heart surgery, less than 10 percent of the world's population can," he shared. A lack of private insurance and a public system that has "collapsed" according to the country's rural development minister means an estimated 70 percent of healthcare spending is borne by Indians out of their own pockets. So Dr Shetty a sharp-witted cardiologist who has spotted a gap in the market. "We believe that charity is not scalable. If you give anything free of cost, it is a matter of time before you run out of money, and people are not asking for anything free," he said.

Already famous for his "heart factory" in Bangalore, which does the highest number of cardiac operations in the world, the latest Narayana Hrudayalaya ("Temple of the Heart") projects are ultra low-cost facilities. Narayana has 56 facilities, treats 2 million patients every year and conducts 300+ surgeries daily. The chain is known for clinical excellence but innovates from the get-go on both processes and materials, leveraging economies of scale. The Mysore facility represents his vision for the future of healthcare in India -- and a model likely to burnish India's reputation as a centre for low-cost innovation in the developing world. The first is a single-storey hospital in Mysore, two hours drive from Bangalore, which was built for about 400 million rupees (7.4 million dollars) in only 10 months and recently opened its doors. Dr. Shetty has been dubbed the Henry Ford of heart surgeries because his doctors go from one operating table to the next with an assembly line precision that is rare in the Indian healthcare system. Narayana keeps tight control on its purchases, driving down prices by negotiating directly with equipment manufacturers like GE and, in some cases, encouraging domestic companies to make in India inexpensive local versions of costly imported medical supplies. The group of Indian doctors believes they can cut the cost of heart surgery to an affordable and quite low price US dollar(\$) 2000 at their "no frills" low-cost hospital as compare to other private hospitals fee of US dollar(\$) 5000. By running the operating theatres from early morning to late at night, six days a week, it is inspired by low-cost airlines which keep their planes in the air as much as possible.

Set amid palm trees and with five operating theatres for cardiac, brain and kidney procedures, Shetty boasts how it was built at a fraction of the cost of equivalents in the rich world. Using pre-fabricated buildings, stripping out air-conditioning and even training visitors to help with post-operative care. Air-conditioning is restricted to operating theatres and intensive care units. Ventilation comes from large windows on the wards. About 30 heart surgeries are performed there daily, the highest in the world, at a break-even cost of 1,800 dollars. Most patients are charged more than this, but some of the poorest are treated for free.

In its architecture, Shetty rejected the generic multi-storey model, which requires costly foundations and steel reinforcements as well as lifts and complex fire safety equipment. "Essentially we realised that as you do more numbers, your results get better and your cost goes down," he said.

In its dealings with suppliers, the hospital group works like a large supermarket, buying expensive items such as heart valves in bulk. Relatives or friends visiting in-patients undergo a four-hour nursing course and are expected to change bandages and do other simple tasks.

From 12,000 beds now in 56 clinics, he aims to expand privately-run Narayana Hrudayalaya Hospitals to a group with 30,000 beds in the next five years. The Mysore facility will be followed by others in the cities of Bhubaneswar and Siliguri. Dr. Shetty said Narayana is looking at technology to further dramatically bring down healthcare costs. “Technology is the next game-changer. In the next five to ten years, a lot of healthcare will be delivered online.”

Question:

Q5 (A): Explain the issues of service operations and Service Operations strategy to solve these issues.

Q5 (B): Applying service operations concepts, explain what are different cost saving and innovative initiatives the has applied for affordable healthcare services?

Mapping of Questions with Course Learning Outcome

Question Number	COs	Bloom’s Taxonomy Level	Marks Allocated
Q. 1:	CO1	L1, L2	5 marks
Q. 2:	CO2	L3, L4	7 marks
Q. 3:	CO3	L4, L5	7 marks
Q. 4:	CO4	L5, L6	7 marks
Q. 5:	CO3, CO4	L4, L5	14 marks

Note: Font: Times New Roman, Font size: 12.