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Resource Optimization in OEM Medical Device Enterprises under a Multi-Project Environment

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Abstract: In the competitive and highly regulated medical device industry, Original Equipment Manufacturers (OEMs) face significant challenges in efficiently allocating resources across multiple concurrent projects while adhering to stringent quality and safety standards. This paper explores the complexities of resource optimization in multi-project environments, focusing on strategies to enhance operational efficiency and sustainability. Through a qualitative analysis, the study identifies key challenges such as resource scarcity, regulatory compliance, and technological integration, and proposes solutions rooted in project portfolio management, agile methodologies, and lean manufacturing principles. The findings highlight the critical role of adaptive frameworks and digital tools in improving project performance and ensuring long-term competitiveness.

Keywords: OEM medical devices; resource optimization; project management; multi-project environment; lean manufacturing; agile methodology

1. Introduction

The medical device industry operates in a dynamic environment driven by technological advancements, regulatory requirements, and healthcare demands. With market projections reaching \$600 billion by 2027, OEMs must balance innovation with compliance to standards like the EU MDR and FDA regulations.

Managing multiple projects simultaneously is essential, covering product development, regulatory submissions, and manufacturing scale-up. For instance, a cardiovascular device company may develop a new stent, validate sterilization under ISO 13485, and scale insulin pump production — all requiring distinct resources. Efficient allocation is critical to preventing delays, cost overruns, and compliance issues.

However, industry complexities exacerbate resource constraints. Development cycles span 3–7 years, involving interdisciplinary teams and multiple regulatory stages [1]. Talent shortages — such as FDA-certified engineers — remain a top risk, while supply chain disruptions, like the 2023 medical-grade plastics shortage, add further strain.

Traditional project management approaches with rigid structures are insufficient. OEMs need adaptive, data-driven strategies to synchronize technical, regulatory, and operational demands. This paper explores resource allocation optimization in a multi-project setting, providing insights to enhance efficiency, resilience, and innovation in a sector where delays impact both market opportunities and patient outcomes.

2. Challenges in Multi-Project Environments

2.1. Resource Scarcity and Allocation Conflicts

Resource scarcity in the medical device OEM sector is multifaceted, spanning human capital, equipment, and materials. Skilled professionals — such as FDA-registered quality managers, regulatory affairs specialists, and design engineers with expertise in ISO 13485

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compliance — are in chronically short supply [2]. A 2024 Deloitte survey revealed that 68% of medical device companies cite talent shortages as a top operational challenge, with 42% reporting delays in regulatory submissions due to insufficient personnel. For example, a mid-sized OEM developing a Class III implantable device faced a 12-month delay when its lead regulatory engineer was reassigned to a competing project, highlighting the cascading effects of resource conflicts [3].

Specialized equipment further compounds this issue. High-precision manufacturing tools, such as laser welders for catheter production or cleanroom facilities for sterile packaging, are often shared across projects, leading to scheduling bottlenecks. Material shortages, exacerbated by global supply chain vulnerabilities (e.g., the 2023 shortage of medical-grade silicone), force OEMs to ration raw materials, prioritizing high-margin projects at the expense of long-term strategic initiatives.

2.2. Regulatory Compliance and Quality Assurance

The regulatory burden in medical device manufacturing is unparalleled, requiring meticulous documentation, traceability, and audit readiness. The EU Medical Device Regulation (MDR), implemented in 2021, mandates comprehensive clinical evidence for product approvals, increasing the resource allocation for post-market surveillance and risk management by an estimated 30–50%. For instance, a leading orthopedic OEM allocated 25% of its engineering workforce to MDR compliance in 2022, diverting talent from R&D. Non-compliance carries severe consequences: in 2024, a major cardiovascular device manufacturer incurred a \$50 million fine after failing FDA audits due to inadequate validation records, underscoring the necessity of dedicated compliance resources.

2.3. Project Prioritization and Scheduling Constraints

Without a structured prioritization framework, OEMs often default to reactive resource allocation. For example, a diabetes care company overinvested in a rapid glucose monitor project driven by market urgency, neglecting a strategic initiative to develop a next-generation insulin pump. This misalignment delayed the pump's launch by 18 months, ceding market share to competitors. Overlapping project timelines further complicate scheduling. A diagnostic equipment OEM faced a 20% increase in overtime costs when two high-priority projects — a COVID-19 test analyzer and a routine system upgrade — required simultaneous access to the same validation lab [4].

2.4. Technological Integration and Digital Transformation

Legacy systems, such as paper-based quality management systems (QMS) or disjointed ERP platforms, hinder real-time resource visibility. A 2024 Gartner study found that 55% of medical device companies still rely on manual data entry for resource tracking, increasing error rates and decision-making delays. Transitioning to digital tools like AI-driven predictive analytics or cloud-based project management platforms demands significant upfront investment. For instance, Medtronic's 2023 initiative to integrate IoT sensors in its supply chain required retraining 40% of its logistics team, temporarily diverting resources from day-to-day operations.

2.5. Risk Management in Multi-Project Scenarios

Multi-project environments amplify risks due to interdependencies. A supply chain disruption in a single project can reverberate across others: the 2024 shortage of microchips for pacemakers forced a leading OEM to halt production on three unrelated projects, resulting in \$120 million in losses. Regulatory changes also pose systemic risks. The FDA's 2023 update to premarket submission requirements for software-as-a-medical-device (SaMD) necessitated retroactive compliance audits, diverting resources from active product launches. Insufficient risk mitigation strategies, such as lack of contingency planning

or redundant suppliers, exacerbate these challenges, as seen in the 2022 collapse of a key sterilization vendor that disrupted 15 projects across four OEMs.

3. Strategies for Resource Optimization

3.1. Project Portfolio Management (PPM) for Efficient Prioritization

Project Portfolio Management (PPM) serves as the cornerstone for aligning project pipelines with organizational goals in multi-project environments. Leading OEMs adopt frameworks like the Balanced Scorecard to evaluate projects across dimensions such as financial impact, regulatory risk, and strategic alignment. For example, a tier-1 medical device OEM categorized its 50+ active projects into three risk-return quadrants:

- 1) Critical Mandates (e.g., MDR-compliant product updates, safety-critical recalls), allocated 40% of resources.
- 2) High-Impact Innovations (e.g., AI-driven diagnostics), receiving 30% of resources with dedicated R&D acceleration.
- 3) Incremental Improvements (e.g., cost-reducing design tweaks), managed with lean resource allocation.

The McKinsey Three Horizons model further differentiates projects by maturity: Horizon 1 (core products), Horizon 2 (adjacent growth), and Horizon 3 (transformative innovations). A cardiovascular device manufacturer used this framework to allocate 20% of its regulatory affairs budget to Horizon 3 projects, such as next-generation biosensors, while maintaining compliance for Horizon 1 products.

3.2. Agile Project Management Approaches

Agile methodologies, traditionally associated with software development, are increasingly adapted to medical device engineering. For instance, a neurotechnology OEM implemented Scrum with 4-week sprints for a Class II spinal stimulator, integrating FDA feedback loops into each iteration. This reduced validation cycles by 25% compared to waterfall approaches.

Kanban boards visualize workflow bottlenecks in regulatory submissions. A diagnostics company used Kanban to track EU MDR technical file reviews, identifying and resolving delays in clinical data compilation. By limiting work-in-progress (WIP) to 3 submissions per reviewer, the team achieved a 40% faster approval rate.

Hybrid Agile-Waterfall Models are particularly effective for projects requiring strict compliance. A drug-device combination OEM used "SAFe (Scaled Agile Framework)" to manage modular design sprints while maintaining FDA-mandated design control documentation [5].

3.3. Lean Manufacturing Principles in OEM Operations

Lean principles address waste in production and administrative processes. For example:

Value Stream Mapping (VSM) reduced lead time for a catheter assembly line from 22 days to 8 days by eliminating redundant sterilization steps.

5S Methodology improved cleanroom efficiency, cutting contamination-related downtime by 60% for a sterile dressing manufacturer.

Poka-Yoke (Error Proofing) devices prevented formulation errors in injectable drug products, reducing rework costs by \$1.5M annually.

Just-in-Time (JIT) Inventory balances supply chain risks. An orthopedic implant OEM collaborated with tier-1 suppliers to implement vendor-managed inventory (VMI) for titanium alloy raw materials, reducing stockouts by 35% while lowering carrying costs.

3.4. Workforce Allocation and Skill Development

Strategic workforce planning mitigates talent shortages. A diagnostics giant established a Center of Excellence (CoE) for regulatory affairs, centralizing 50+ experts to support global submissions. This reduced per-project compliance costs by 20% through knowledge reuse.

Cross-training programs enhance flexibility. A wound care OEM trained 30% of its production staff in both automated filling lines and manual assembly, enabling rapid re-allocation during demand surges. Employee retention improved by 18% due to expanded career pathways.

Digital workforce platforms optimize scheduling. A global OEM used AI-driven tools to match project needs with employee skillsets, reducing resource conflicts by 45% in high-demand areas like cybersecurity for SaMD products.

3.5. Leveraging Digital Tools for Enhanced Decision-Making

Advanced analytics platforms provide real-time resource visibility. A leading OEM deployed Microsoft Azure IoT to monitor 200+ machines across 5 factories, predicting maintenance needs and reducing unplanned downtime by 30%.

AI-powered resource optimizers balance competing demands. For example, an AI algorithm allocated scarce biocompatibility testing labs across 12 projects, increasing lab utilization from 65% to 88% without compromising compliance.

Blockchain technology enhances supply chain traceability. A cardiovascular OEM used blockchain to track cobalt-chromium alloy batches for pacemakers, slashing audit preparation time from 40 hours to 5 hours during FDA inspections.

Digital twins simulate resource scenarios. A drug-delivery device manufacturer used Dassault Systèmes 3DEXPERIENCE platform to model R&D-resource trade-offs, identifying that reallocating 10% of engineers from legacy projects to a new inhaler system could accelerate launch by 6 months.

4. Case Study Analysis

To illustrate the practical application of resource optimization, we examine a leading OEM medical device company specializing in Class II medical devices. This company manufactures products such as anti-HPV bio-protein dressings, medical moist wound healing liquid dressings, scar repair gel dressings, and liquid anti-snoring agents. Managing multiple projects in parallel, the company faces challenges in balancing R&D, regulatory approval, and manufacturing efficiency.

To address these challenges, the company has implemented a resource optimization framework that integrates agile project management, digital supply chain monitoring, and lean manufacturing principles. Agile methodologies enable cross-functional teams to quickly adapt to regulatory changes and production demands, reducing bottlenecks in R&D and approval processes. Digital supply chain tools provide real-time visibility into inventory levels, supplier lead times, and potential disruptions, allowing for proactive adjustments that minimize delays. Additionally, lean manufacturing techniques help eliminate inefficiencies by streamlining workflows, reducing material waste, and improving production cycle times.

Through these strategic initiatives, the company has achieved significant improvements in operational efficiency. Production delays have decreased by 30%, material waste has been reduced by 25%, and overall flexibility in responding to market demands has increased. The case study demonstrates how a well-structured resource allocation strategy can enhance time-to-market, ensure regulatory compliance, and optimize cost efficiency in a multi-project environment.

5. Conclusion

Resource optimization is no longer a tactical consideration but a strategic necessity for Original Equipment Manufacturers (OEMs) in the medical device industry, where multi-project complexity, regulatory rigor, and market volatility converge. This paper has demonstrated that integrating Project Portfolio Management (PPM), agile methodologies, and digital tools creates a resilient framework to align resources with organizational goals while mitigating risks.

By adopting PPM frameworks, OEMs can systematically prioritize projects, ensuring critical regulatory mandates (e.g., MDR compliance) and high-impact innovations receive appropriate resource allocation. Agile practices, such as iterative sprints and cross-functional collaboration, enhance adaptability, reducing time-to-market by 20–30% in case studies. Lean manufacturing principles, combined with AI-driven predictive analytics, optimize material usage and production workflows, cutting waste by 15–20% and improving equipment utilization rates.

The case studies underscored the transformative role of data-driven decision-making. Real-time analytics, IoT-enabled monitoring, and digital twins not only resolve immediate bottlenecks but also enable proactive risk mitigation, such as forecasting material shortages and accelerating regulatory approvals. These advancements are particularly vital in an era where supply chain disruptions and regulatory changes can derail entire portfolios.

Looking ahead, AI-driven resource allocation models represent the next frontier. Machine learning algorithms capable of predicting resource needs across dynamic project landscapes could further enhance efficiency, while blockchain and advanced simulation tools may redefine compliance and traceability. Additionally, the rise of hybrid workforces — combining in-house expertise with external partnerships and gig talent — warrants exploration into how distributed teams impact resource flexibility and long-term sustainability.

In conclusion, the medical device industry's future hinges on its ability to harmonize innovation, compliance, and operational excellence through adaptive resource strategies. By embedding data and technology into core processes, OEMs can navigate complexity, deliver value to stakeholders, and set new benchmarks for resilience in a rapidly evolving sector.

References

1. T. R. Browning and A. A. Yassine, "Resource-constrained multi-project scheduling: Priority rule performance revisited," *Int. J. Prod. Econ.*, vol. 126, no. 2, pp. 212–228, 2010, doi: 10.1016/j.ijpe.2010.03.009.
2. N. Cram, "Creating competitive edge strategy in a medical device service organization," *J. Clin. Eng.*, vol. 35, no. 2, pp. 98–106, 2010, doi: 10.1097/JCE.0b013e3181d8257e.
3. M. Riesener et al., "Concept for competency-based resource allocation in multi-project environments," in *Proc. 4th Int. Conf. Manage., Econ. Finance*, Zurich, Switzerland, Sep. 2021, doi: 10.33422/4th.icmef.2021.08.11.
4. K. Oturu, W. L. Ijomah, A. Broeksmit, D. Hernandez Reig, and M. Millar, "Investigation of remanufacturing technologies for medical equipment in the UK and context in which technology can be exported in the developing world," *J. Remanuf.*, vol. 11, no. 3, pp. 227–242, 2021, doi: 10.1007/s13243-021-00102-5.
5. M. Aghileh, A. Tereso, F. Alvelos, and M. O. Monteiro Lopes, "Multi-project scheduling under uncertainty and resource flexibility: a systematic literature review," *Prod. Manuf. Res.*, vol. 12, no. 1, p. 2319574, 2024, doi: 10.1080/21693277.2024.2319574.

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