Visual Abstract

Antimicrobial Stewardship Program Resourcing and Outcomes: a Scoping Review

32 observational studies
88% in hospitals

Study Design
A scoping review was conducted in accordance with PRISMA-ScR guidance; indexed and grey literature were searched.

Eligibility
Eligible studies evaluated at least two models of **antimicrobial stewardship program (ASP) resourcing** and **associated outcomes**, in any healthcare setting.

Data and Analysis
Screening and extraction were performed in duplicate, and quality was assessed using Joanna Briggs Institute tools. Outcomes were synthesized descriptively.

Impact of Increased ASP Resourcing



Antimicrobial Use
Reduced use in **17/21 (81%)** studies

Estimated 9% ↓ in AMU



Process Outcomes
Improved process outcomes in **8/9 (89%)** studies



Antimicrobial Cost
Decreased costs in **4/4 studies**

Estimated $65,638 USD ↓ in cost



Clinical Outcomes
Improvement in **3/7 (43%)** studies

Conclusion: Increased ASP resourcing is linked with improved antimicrobial use and cost outcomes, but evidence is heterogeneous. There is a need for rigorous studies and evidence-based recommendations to guide optimal ASP staffing.

Langford BJ, Kang AY, Ji M, Bhatjire P, Huynh K, Lim S, McArthur A, Brown KA, Daneman N, Schwartz KL, Leung V. JAC-Antimicrobial Resistance. 2026

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