**Supplemental Table 1**: Additional Methodological Detail

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| **Characteristic** |  |
| **Guidelines** | The study was conducted in accordance with the STROBE guidelines for observational cohort studies (1, 2). |
| **Patient Recruitment** | Patients were recruited during hours of research assistant availability (7 days a week, 0800-1600). Prospective patients were identified and consented by the research assistants. If patients were unable to consent (for example, due to cognitive impairment), consent was obtained from a substitute decision maker. Treating physicians were then approached and provided with the data collection form, which asked them to score the patient on the Clinical Frailty Scale (Rockwood *et al*., *CMAJ*, 2005), identify patient functioning in several parameters (Rockwood *et al*., *Lancet*, 1998), and identify the most likely source of infection. |
| **Logistic Regression Models** | We performed logistic regression for the purposes of confounder control. As recommended by existing guidelines (3, 4), we chose covariates based upon their ability to affect the outcome of interest (30-day mortality), and their position outside of the causal pathway for our exposure of interest (clinical frailty). |

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