**eTable 5: Sensitivity Analysis and Publication Bias**

**Sensitivity analyses:**

Sensitivity analysis performed to account for the quality of studies based on the Newcastle-Ottawa scale showed similar results to our overall mortality outcome results (RR=0.74 95% CI 0.69 to 0.80; P<0.0001; I2=52%). In order to search for potential ascertainment bias, we performed a sensitivity analysis adjusting for the length of follow up (28-day, 60-day, 90-day, ICU mortality, and hospital mortality) and the overall results remained unchanged (RR=0.77 95% CI 0.72 to 0.82; P<0.0001; I2=60%). We also evaluated the studies by hospital unit location: patients predominantly enrolled in the emergency department (RR=0.81 95% CI 0.72 to 0.91; P<0.0001; I2=56%) and patients predominantly enrolled outside the emergency department (RR=0.73 95% CI 0.65 to 0.82; P<0.0001; I2=64%) – both showed findings consistent with the overall results of the study.

**Publication bias:**

No bias was found by the two methods. Egger’s regression: intercept = -0.088, standard error = 0.482; P = 0.85. Begg and Mazumdar’s rank correlation: Tau = -0.158; P = 0.137 (see eFigure in the Supplemental Digital Content for the funnel plot).