When a Winthrop toddler stopped breathing, where were all the ambulances?

A Globe investigation reveals a broken EMS system that has become dangerous, and in some cases deadly.

By Adam Piore Globe Staff, Updated December 5, 2024, 58 minutes ago

Andrea Feeley's 2-year-old daughter, Yuna, went into cardiac arrest in January. Feeley's son called 911, but the ambulance never showed up. SUZANNE KREITER/GLOBE STAFF

About 15 minutes after her 2-year-old daughter went into cardiac

arrest, Andrea Feeley realized an ambulance was not coming to save her.

Just before 10:30 a.m. that January morning, Feeley was kneeling in front of the couch trying to entice her curly-haired little girl, Yuna, to take a drink of Pedialyte when she suddenly went limp and stopped breathing. Yuna had been sent home from day care two days earlier with a low-grade fever, but until that morning Feeley had no reason to believe she was seriously ill.

Feeley's son called 911. Within minutes, town firefighters converged on Feeley's tidy, two-story clapboard home in Winthrop and took over chest compressions and CPR on the toddler. It was immediately clear she needed the kind of advanced life support that trained paramedics could provide.

"Better step up that ambulance," Captain Dan Flynn radioed.

But there was a problem. Action Ambulance Service, the private company that provides ambulance service to Winthrop, did not have an ambulance available to respond to the call, the dispatcher said.

"Is she breathing yet?" Feeley kept asking. "Is she breathing?"

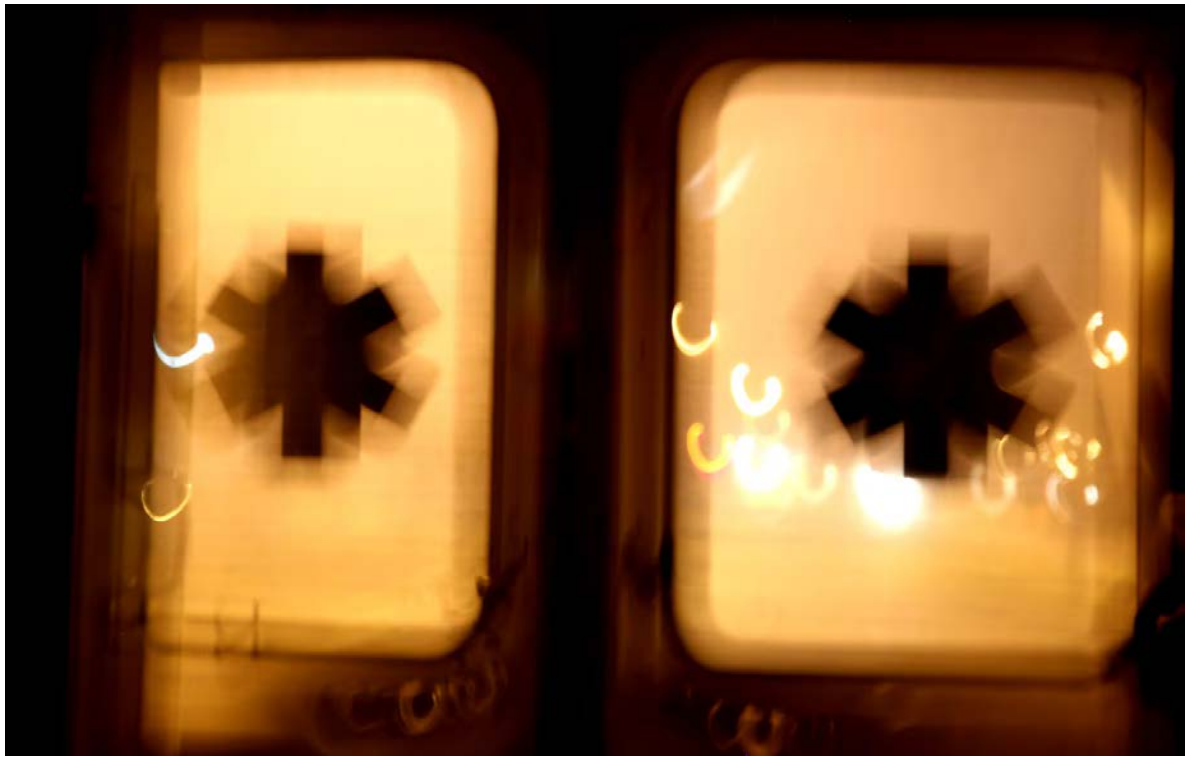
Finally, as the minutes ticked away, and no one showed up, Fire Chief Scott Wiley gathered up Yuna, still wearing her "CoComelon"

pajamas, carried her outside to his Chevy Tahoe, and drove her to Mass. General. But it was too late. A team of doctors and a chaplain soon found Feeley sitting in a private waiting room and delivered the news: Yuna was dead.

What happened the morning of Yuna's death was the result of a broken EMS system across Massachusetts that means there isn't always an ambulance or ambulance staff immediately available when patients critically need care, a Globe investigation found.

When one city's ambulances are tied up, as in Yuna's case, other towns are supposed to provide ambulances to cover for them. But there is no central or regionalized system to track the location of ambulances in real time, and no one evaluating whether the number of ambulances on the road is sufficient.

For ambulances that are in operation, chronic staffing shortages mean sometimes badly needed ambulances that are supposed to be in the field stay parked in garages, unused.



The emblems on the back of the ambulance windows during a call. JESSICA RINALDI/GLOBE STAFF

And when the ambulances are staffed, in some cases the same overworked EMTs and paramedics are sent out over and over again during long shifts that can result in serious mistakes, interviews and documents reviewed by the Globe suggest. Numerous ambulance staffers said that double and triple shifts are not uncommon. The Globe identified three deaths, including two in Winthrop, that occurred in the months immediately preceding Yuna's death in which paramedics were subsequently investigated by the state for negligence. In at least two of those cases, exhaustion and burnout clearly played a role.

The Globe reviewed hundreds of pages of documents, including incident reports filed by ambulance companies with the state and follow-up investigations conducted by the Department of Public Health's Office of Emergency Medical Services, the state agency charged with regulating them. The Globe also analyzed town-by-town ambulance response times, visited ambulance stations to speak with front-line workers, and conducted more than 50 interviews with industry experts, current and former EMTs and paramedics, CEOs, emergency medicine doctors, and others.

In response to questions from the Globe, Department of Public Health officials said serious incidents and complaints involving ambulances are up across the state.

"We know that some of these issues are related to the overarching health care landscape, which has become increasingly stressed," the statement said. "There is a pressing need for more EMTs and paramedics to handle the increasing demand for emergency medical services."

'A poor patient outcome'

What happened at the home of Yuna Feeley provides a stark illustration of the potential consequences of this seriously overtaxed system.

On that January morning when Feeley's son called 911, both of Action's Winthrop ambulances were responding to other calls.

Like all but nine of the state's 362 municipalities, Winthrop relies on help from neighboring towns through the state's "mutual aid" system when demand for ambulances exceeds supply.

When Action's dispatcher received Feeley's son's call, they immediately contacted two ambulance companies in neighboring towns and asked if they could help.

When those services said their ambulances were busy, the Winthrop dispatcher requested help through the Boston Area Mutual Aid Network, or BAMA, a communication hub for emergency responders in Boston and surrounding communities.

"The Winthrop & surrounding 911 systems were taxed, and unfortunately there was a poor patient outcome," an Action Ambulance executive would later write.

As Wiley tore down the streets of Winthrop into East Boston and hurtled through the Sumner Tunnel at speeds reaching 85 miles an hour and headed toward Mass. General Hospital, two firefighters worked furiously in the back seat to keep Yuna alive. One gently gripped the underside of her jaw and pressed a ventilation bag over

her mouth to keep the seal, slowly infusing oxygen into her lungs. The other performed chest compressions. They stopped only once, pressing their backs against the SUV windows to avoid touching the little girl as a defibrillator delivered a jolt of electricity to her heart.

Ambulances outside of Mass. General Hospital in 2020. JESSICA RINALDI/GLOBE STAFF/FILE

Had paramedics been with the child, they could have given her more advanced emergency care, experts told the Globe. They might have applied drugs such as epinephrine or used more advanced defibrillators with a better chance to shock her heart back into action. They could have given her IV fluids to ensure her blood continued to reach her vital organs and supply them with enough nutrients and

oxygen to keep them from failing.

Yuna's official cause of death is listed as "necrotizing pneumonia in the setting of RSV and strep," according to an autopsy report Feeley received from the state medical examiner's office.

In the wake of Yuna's death, the Department of Public Health promised a "thorough investigation." The results, released in May after the Globe submitted a public record request, consist of a four-page document, written by an executive with Action Ambulance, the company that runs EMS service in Winthrop, and reviewed and accepted without comment by the Department of Public Health. Action Ambulance followed "all appropriate policies and procedures," the executive concluded.

But for Feeley, her daughter's death did not feel like the result of anything that resembled proper protocol. After the hospital workers told her Yuna was dead, she was haunted by the feeling that something had gone irrevocably wrong.

"They asked us if we wanted to go in and say goodbye to her," Feeley said. "So we did that. But I was not allowed to touch her. That was hard."

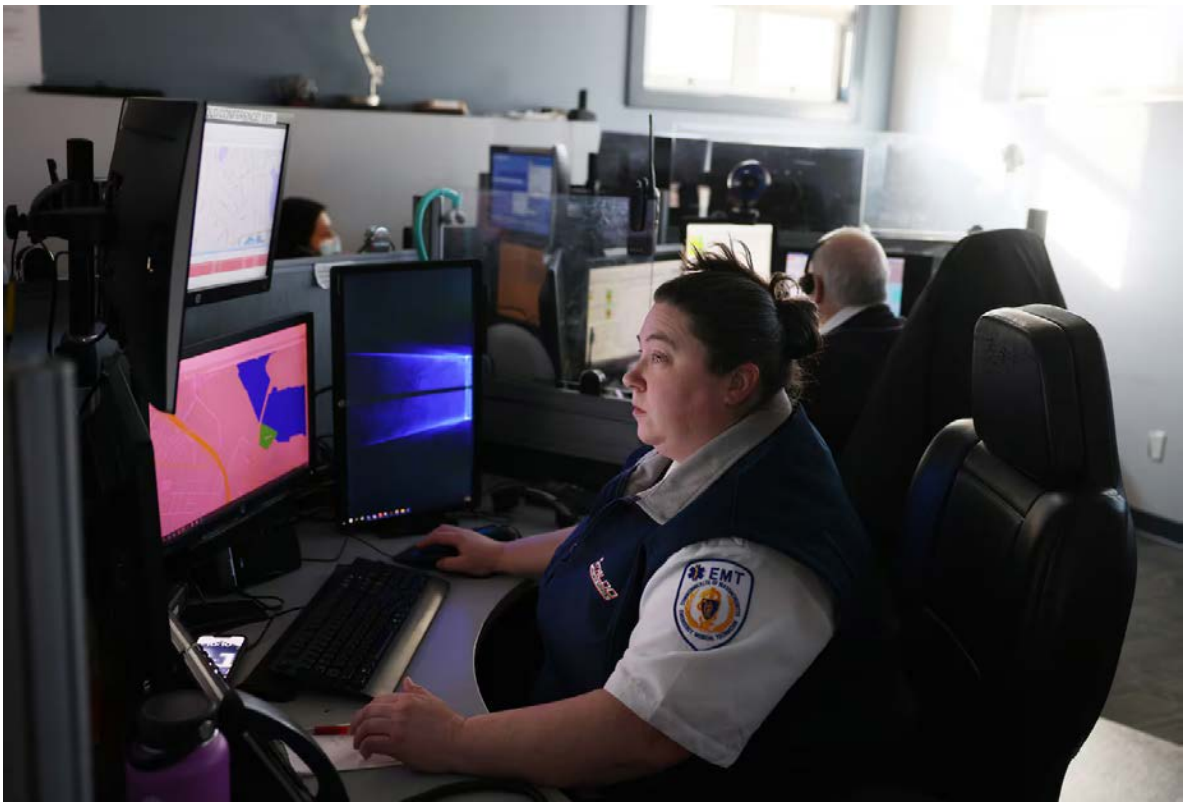
Not enough ambulances or staff

The ambulance company best positioned to help Action the morning of Yuna's death was Cataldo Ambulance, which has an outpost with two ambulances in nearby Revere.

But Cataldo, like many ambulance companies around the state, had been facing staffing shortages so severe its ambulances sometimes sit in garages because there's no one available to staff them, said Dennis Cataldo, president and CEO of Cataldo.

"You can't staff ambulances without people," Cataldo, who is also president of the Massachusetts Ambulance Association, said.

The supply of ambulances in Massachusetts is determined in part by what each local market can support. While some towns run their own EMS services, about 80 percent of the state's licensed ambulances are operated by private companies that bid for the right to serve each town's population.



Dispatchers responded to 911 calls inside Cataldo in Malden in 2023. JESSICA RINALDI/GLOBE STAFF

One notable exception is Boston, which runs a nationally recognized public EMS service through the city health department. It is fully unionized and receives city subsidies that account for more than 25 percent of its budget.

In most cases, however, the companies' revenue depends on reimbursements pegged to Medicaid and Medicare rates, which have failed to keep up with rising costs, Cataldo said. That hampers the companies' ability to staff their ambulances.

At the time of Yuna's death, about 15 percent of Cataldo's positions

remained unfilled, about where staffing is today.

More lives lost

A review of state investigative documents suggests the staffing shortages have become dangerous. In the two years leading to Yuna's passing, at least two people in Winthrop were declared dead while receiving treatment from Action Ambulance paramedics, according to state investigative documents contained in the Globe's public records request.

In one of the cases, a paramedic on an ambulance was summoned to a marina not far from the Feeley home to treat a patient in cardiac arrest in 2022. She forgot a medicine bag in the ambulance, failed to administer potentially life-saving medicine, did not shock the patient's heart correctly, and misrepresented her actions to a state medical control doctor, the physician charged with exercising clinical oversight, whose permission is needed to cease resuscitative efforts. As a result, the control officer prematurely signed off on her request to cease efforts to revive him.

In an interview with a state investigator, she said she had been "working a lot of hours" and wasn't feeling well but "felt she had to stay on the shift because she was the only paramedic on duty."

“I knew I should have gone home. . . . I think about this call every day since it happened,” she said.

She surrendered her license after Action accused her of “gross negligence.”

A few months later, in March 2023, another Winthrop paramedic pressured an inexperienced EMT to intubate a patient in cardiac arrest, using a technique the EMT was not legally qualified to perform.

“Just do it,” the paramedic told her, according to a complaint investigation report obtained by the Globe through a public records request. “I want to go to lunch.”

The paramedic then called a designated medical control doctor to seek permission to cease resuscitation efforts, reporting that the patient’s heart had stopped beating, when in fact there were still signs of activity, and lied about the extent of the efforts made to revive him. State investigators later determined this resulted in a “failure to transport a treatable patient.” The state revoked the paramedic’s license until at least 2025.

In a third incident from 2023, an Action paramedic operating in Western Massachusetts misdiagnosed a patient suffering from sepsis

and pneumonia and administered a series of medications that sent him into cardiac arrest, eventually causing him to die of anoxic brain injury, according to a state investigation.

An Action EMS vehicle was seen outside of a bay in Winthrop. JESSICA RINALDI/GLOBE STAFF

Michael Woronka, president and chief executive of Action Ambulance Service, said the three deaths identified by the Globe reflect an "error rate" that compares favorably to that of his competitors, since his company has tens of thousands of patient interactions a year.

"If other services don't have a similar error rate, then they're not reporting them because everyone's going to have an error rate," Woronka said, adding that it was his company's own "quality

assurance systems" that initially identified and reported the incidents.

Cataldo, speaking in his role as president of the Massachusetts Ambulance Association, said such deaths are extremely rare.

The Globe was unable to determine whether the negligence cases and deaths it reviewed were outliers: The deaths were contained in a batch of documents obtained through public records requests submitted in January and February, but the state failed to provide all the requested documents, citing understaffing and a backlog of other requests.

A patient was moved through the ambulance bay at St. Luke's Hospital in New Bedford in 2021. JONATHAN WIGGS/GLOBE STAFF

There are no national standards for an acceptable error rate or any published data on clinical error rates, because most clinical errors are not reported to state regulatory agencies, and are instead handled internally by local agencies and medical directors, said Matt Zavadsky, past president of the national association of EMTs and a nationally recognized expert on EMS.

Action has been singled out by the state before. In 2017, the state issued the company two consecutive “provisional licenses,” the

equivalent of putting the company on probation, citing a failure to properly store and account for controlled substances and a number of equipment code violations, among other problems. But the state later withdrew the provisional licenses as part of a legal settlement after Action sued for $10 million, claiming it had been denied an opportunity to defend itself.

To make the case it had been unfairly targeted, Action documented a wide array of violations by its competitors — including an instance in which a competitor fielded an ambulance with passenger side floor boards that had rotted out, providing a view of the concrete passing beneath the vehicle.

Possible fixes

In the months leading up to Yuna's death, there were ample warnings that the state's EMS system was stressed to the breaking point. Six months prior to her death, the union representing Boston EMS, the largest municipal EMS system in New England, warned that staffing shortages had grown so severe that public safety was at risk. A spokeswoman for Boston EMS said the company has made significant progress in filling staffing shortages in recent months, thanks to an advertising campaign on city buses and federal grants that offer scholarships and helped fund recruitment efforts, among

other things.

An ambulance departed Brigham and Women's Faulkner Hospital on Nov. 15. CRAIG F. WALKER/GLOBE STAFF

Just a month before Yuna's death, the Board of the Metropolitan Boston Emergency Medical Services Council, an advisory group consisting of hospital medical directors, EMS coordinators, and first responders, signed a letter to Kate Walsh, secretary of health and human services about "the staffing crisis we face."

In a statement to the Globe, a spokesperson for the Executive Office of Health and Human Services acknowledged the shortage of EMTs and paramedics and said the agency had made investments and

regulatory changes to address the issue. “We will continue to work with municipalities, ambulance providers and health care facilities on additional improvements to ensure residents receive ambulance service and high-quality medical care when they need it and prevent tragedies like this.”

Last year, the state allowed staffing of Advanced Life Support level ambulances with a single EMT and a first responder driver, rather than two certified EMTs. And it has invested nearly $60 million across fiscal years 2024 and 2025 in Medicaid reimbursement rates for EMTs.

But many say it’s not enough.

One way to address the problem may be through regionalization. Efforts to overhaul the state’s ambulance system have been hampered in part by a “culture of parochialism” that relies on town- and city-based services, when a growing number of states, including California, Maryland, and North Carolina, have regionalized, county-based services that are better able to track and manage limited resources, said Zavadsky, the EMS expert.

Smitty Pignatelli, a state representative from the Berkshires, has been lobbying state officials to implement policies that will make it easier for towns to make the politically unpopular decision to raise taxes to

pay EMTs and paramedics more competitive wages and add more ambulances.

Back in Winthrop, Feeley is struggling to come to grips with Yuna's death.

She still sometimes slips into the present tense when talking about her little girl — about her hazel eyes, fair skin, and dirty-blond ringlets. About the astonishing level of joy she could derive from a plastic dinosaur.

"If an ambulance had come, could they have intubated her?" Feeley wonders. "Could they have given her something? What if there was something on the ambulance that they could have done?"

Wiley, Winthrop's fire chief, is also haunted by what might have been.

"Maybe having an ambulance wouldn't have made a difference, but it would've given her a better shot," he said from behind his desk a few months after her death.

"We're all parents. Some of us are grandparents. It's devastating. It's not supposed to happen. It's a horrible, horrible thing."

Winthrop Fire Chief Scott Wiley (center) spoke to reporters at Town Hall on Jan. 29 after Winthrop town officials met to discuss the death of 2-year-old Yuna Feeley, who was brought to the hospital by Wiley in his SUV because no ambulance was available. JESSICA RINALDI/GLOBE STAFF

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robotender 12/05/24 - 6:38AM

It always comes down to the same thing; insurance companies refusing to pay.

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Vaccinate! 12/05/24 - 6:49AM

Congratulations to The Boston Globe and to Adam Piore for this stellar article about emergency medical services in Massachusetts. This article is 25 years overdue; substantial parts of this story were last reported by The Boston Globe's then reporter, Geeta Anand, in March 1992 (32 years ago!), following the National Highway Traffic Safety Administration's Technical Assistance Team "Assessment of Emergency Medical Services in Massachusetts," March 17-19, 1992."

The Governor, and her Administration, the Secretary of Health and Human Services, the Commissioner of Public Health, the members of the House and Senate, the leadership of the Massachusetts Office of Emergency Medical Services, the hospitals of the Commonwealth, and their trade association, the Massachusetts Health and Hospital Association, the professional societies of the Massachusetts Medical Society, the Massachusetts Chapter of the American College of Emergency Physicians, the Massachusetts Chapter of the National Association of Emergency Medical Services Physicians, the Massachusetts Public Health Association, and local

government officials (e.g. Mayors, City Councils, and Boards of Selectmen, Fire Chiefs), are now on notice. The Boston Globe, and Adam Piore, have exposed, and gone so far as to open the door to the very significant, life-compromising gaps in emergency medical services, in Massachusetts. Let the public beware! To each of the individuals and organizations that I refer to, above, ENOUGH! Enough of your excuses, enough of accepting the status quo, enough of narrow thinking, limited to the confines of EMS practices in Massachusetts, enough of succumbing to failed public policy and planning, enough of the dysfunctional state Office of Emergency Medical Services, enough of special interests who put their interests ahead of an at-risk public and patients. ENOUGH!

If the leadership and membership of the entities and organizations, named above, consider themselves to have a Duty to Serve the public, I implore them to look beyond their jaded, rose-colored glasses, at emergency medical services, in Massachusetts, and to fix that mess (EMS). Emergency medical services in Massachusetts, with a few exceptions, is amongst the laughingstock of emergency medical services in the nation (exceptions, like Boston MedFlight, a world-renowned air and ground critical care transport operation, based in Bedford, Massachusetts, or Professional Ambulance, based in Cambridge, Massachusetts). A Commonwealth so rich in healthcare and medicine resources, and academics, should boast similar resources in emergency medical services, but, you see, the medicine and healthcare in emergency medical

services in the Commonwealth are largely gone, replaced with/by a public safety model, in lieu of a public health and medical model. I say, again, you see, the medicine and healthcare in emergency medical services in the Commonwealth are largely gone, replaced with/by a public safety model, in lieu of a public health and medical model. Hospitals and medicine are no longer the centerpiece (and leader) of emergency medical services in Massachusetts, and have not been, for 25, or more years (with few exceptions). Let the public beware, Adam Piore and The Boston Globe have scratched the surface of patients who likely have suffered from death or disability, due to emergency medical services, in the Commonwealth of Massachusetts. There are likely many more skeletons, resulting from EMS, than those referred to in this article.

Two final points, (1) attributions of the deaths that Adam Piore describes, to staffing, and a staffing crisis, is, standing alone, yet another excuse. Each EMS death, if subject to a credible Root Cause Analysis, goes much deeper than staffing issues, and, ultimately, calls to task the Governor and her administration, the Commissioner of the Massachusetts Department of Public Health, and the Massachusetts Department of Public Health's Office of Emergency Medical Services, and (2) EMS Clinicians employed by licensed ambulance services in the Commonwealth, are, in most cases, allegedly supervised by physicians; the time was long ago, that these allegedly supervising physicians, closely supervised the EMS Clinicians under their alleged watch (with a few exceptions, in the Commonwealth). Emergency Medicine

and Critical Care Physicians, ideally Board Certified in Emergency Medical Services, in addition to Emergency Medicine, or Critical Care, should closely supervise the EMS Clinicians, not, be a simple signatory to licensed ambulance services, and EMS Clinicians (read: “American College of Emergency Physicians Policy Statement, “The Role of the Physician Medical Director in Emergency Medical Services Leadership, June 2023.”

The shortcomings in emergency medical services in Massachusetts are traced back to failed public policy, failed public health policy, the loss of the “Hospital Home” of emergency medical services in Massachusetts, inadequate Federal and state funding for EMS policy making, leadership, operations, education, and research, and inadequate reimbursement to ambulance services and EMS agencies by public and private payers, further compromised by near abysmal regionalization of emergency medical services in Massachusetts, and a dysfunctional Massachusetts Department of Public Health. In my opinion, in order to bring order to the chaos of emergency medical services in Massachusetts, the starting point for all EMS policy making must be the patient, and not special interests, and the Massachusetts Department of Public Health will have to assume and execute responsibility for effective public health policy making in emergency medical services, with expertise/direction coming from experts in public health, public policy, and medicine, with a variety of medical specialties, represented, in leadership roles, including emergency medicine, EMS, critical care transport and

transport medicine, surgery, cardiology, critical care, and pediatrics. The Massachusetts Department of Public Health has not demonstrated this expertise in the past 40 years, that I can remember/think of. It's about time that MDPH starts.

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Cool Papa Joe 12/05/24 - 6:55AM

Missing from this story... there is an RSV vaccine that may have saved this little girl - was it an option for this mother? Would be a good follow-up for the reporters to pursue that avenue and report on what health experts have to say about it. That might save more young lives than fixing the ambulance service.

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Vaccinate! 12/05/24 - 6:56AM

https://www.bostonglobe.com/2023/09/11/opinion/fire-department-reforms-911/

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