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1918 - 2018

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#### 1968-70

February 1968: Methodist Hospital's new closed-circuit television system connects patient rooms with chapel, allowing patients to see services.

**June 1968:** Residence hall at Methodist Hospital's School of Nursing renamed "Jackson Hall" in honor of Claudia Jackson, who was housemother for 19 years.

July 1968: Methodist Hospital Board of Trustees orders six-month study of hospital's position with reference to the future growth of medical facilities in the area.



Groundbreaking for St. Mary of the Plains Hospital

July 9, 1968: Ground broken for new St. Mary of the Plains Hospital. A band from Reese Air Force Base provides music and popular TV newscaster Bob Nash is master of ceremonies. Lt. Gov. Preston Smith gives the main address. Turning the first few shovels of dirt were Bob Brummal; H.A. Padgett; Mayor Dub Rogers; A.W. Bronwell, MD; Mildred Montgomery representing hospital employees and Administrator Sister Maureen Van der Zee.

1969: Remainder of Methodist-owned Medical Building converted to rooms for orthopedic patients. Services and offices are relocated to the first floor or other areas of the hospital with the exception of the Development Office, which moves to the Great Plains Life Building in downtown Lubbock.

1969: Methodist Hospital honored for its 50-year membership in the American Hospital Association.

1969: Lubbock's metro area ranks 17th of 25 among urban areas "leading the growth parade." The 1970 census shows 149,101 people in Lubbock and 179,295 for the county.

January 30, 1969: Methodist Hospital Board of Trustees approves expansion to add 200 beds.



Architect model of St. Mary of the Plains Hospital. now Covenant Children's.

March 14-15, 1969: Snowstorm drops 13 inches on area with drifts up to six feet. Employees who came to Methodist Hospital work double shifts and don't leave until they are relieved. The South Plains Chapter of the Radio Emergency Associated Citizens Team helps with 15 vehicles taking employees to and from work, eventually up to 33 vehicles.

#### November - December 1970: The new St. Mary of the Plains

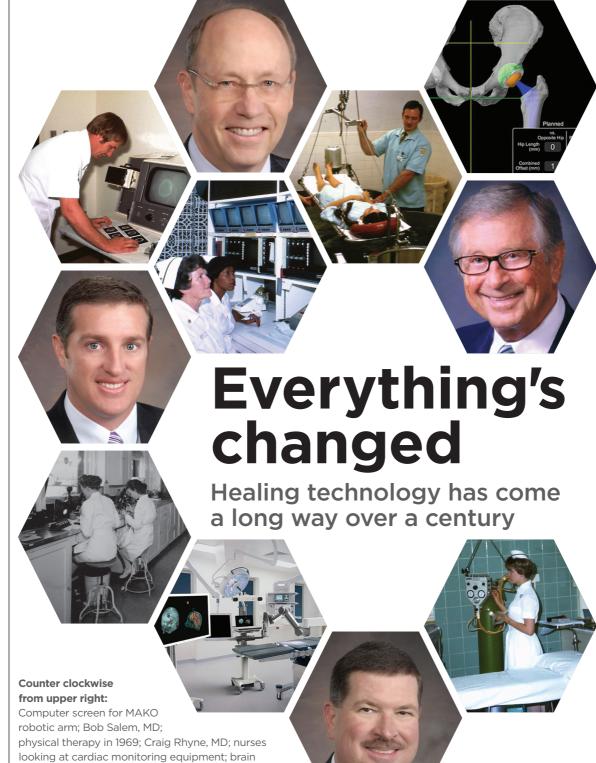
Hospital completed and a special tour held December 3 for medical staff and their spouses. Formal dedication is three days later with Bishop Lawrence De Falco giving the blessing. Dr. John Buesseler, new dean of the still-to-open Texas Tech University School of Medicine, gives the dedication address. More than 6,000 people tour the building.

December 18, 1970: First baby born at new St. Mary of the Plains Maternity Department to Mr. and Mrs. Milton Dwight Hamm.



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Bob Salem, MD says younger doctors are astonished when he explains how they did surgery without today's high-tech tools.

scanner in 1976; Walt Cathey; Lubbock Sanitarium lab;

Synaptive brain surgery technology; Kelly McDaniel;

"Everything's changed," he said.

emergency room decades ago.

Things have changed even faster since Salem — Covenant Health's chief medical officer emeritus started medical school in 1951 or Craig Rhyne, MD — Covenant Health's chief medical officer — was in medical school about 40 years ago.

"I came into medicine at a time technology was really starting to explode," said Rhyne.

Salem said blood tests were tedious, using a clicker to count white blood

"It took hours to get blood sugar," he said, saying each different test had to be done one at a time.

"Then came automatic chemistry and in a matter of minutes you get multiple results," he said. "It was quicker and allowed you to make a more accurate diagnosis and treat in a more expeditious manner."

Rhyne remembers ultrasound was just starting to be used when he was in medical school.

It was so new, he said, the chairman of Radiology wasn't always sure what he was looking at.

"Now it's as common as a stethoscope and most doctors know how to use it," said Rhyne.

CT scans were also in its infancy.

"You had to get special permission and have a crystal-clear reason to get a CT scan," Rhyne said, adding "now there are CT scanners in freestanding emergency rooms and ones portable enough to go into an operating room."

And starting this month, Covenant Health is using Synaptive — the first medical center in the region to do awake outpatient brain surgery, said Walt Cathey, president of Covenant Medical Center.

"It allows us to precisely develop a targeted approach for removal of tumors or to better deal with blood clots in the brain," he said.

Because the patient does not need anesthesia, they have limited loss of motor functions or speech. They are asked questions during

the procedure to check for impact on those functions.

The average patient should be able to go home within 12 hours, compared to an average five-day hospital stay in the past.

Partial hip and knee replacements used to mean a three-to-four-day hospital

Covenant Health has been using MAKO — a robotic arm to assist in these surgeries — for about a year now, said Cathey. Patients are going home the same day with great results.

"By using MAKO, we can precisely place the implant on the right degree," said Cathey, more precise than the human eye.

Salem said CT scans and MRIs are not only widespread, but more sophisticated.

# **About This Page**

This is the ninth of 14 monthly pages celebrating Covenant Health's 100th anniversary. Each month we'll highlight a specific piece of our history, along with a quiz and timeline of important dates. Information for this page was gleaned from the Covenant Health Archives and the books "The First Sixty-Two Years: A History of Methodist Hospital,"

"St. Mary of the Plains Hospital: Our First 50 Years" and "He Wore A Pink Carnation: A Biography of Dr. M.C. Overton."

Visit our centennial website to see videos about our history covenant100.org

## **Learn More**

If you are enjoying these historical stories on Covenant Health's history, you might enjoy the Centennial book and documentary. "Faith and Healing -**Celebrating Covenant Health's** Century of Caring" and the DVD "Keeping the Covenant: 100 Years of Faith and Healing" are both for sale in the Covenant Health Medical Center,

Covenant Children's, Levelland

and Plainview gift shops.

"When I started practice in Lubbock you made a diagnosis of appendicitis by the patient's history, pain in the lower right abdominal area and elevated white blood cell count," he said.

Now a CT scan cuts that diagnosis

Gall bladder surgery used to mean a six-to-eight-inch incision, a weeklong hospital stay and a long time off work.

Less-invasive laparoscopic techniques now allow a surgeon to make a few tiny incisions, do the procedure through a camera and the patient can go home the same day.

Rhyne said imaging has improved so much doctors can now turn two-dimensional CT images into a three-dimensional format to more clearly see problems and form a better diagnosis.

And when doctors have to make an incision, even those tools have advanced.

Rhyne explained about an electric scalpel. It cuts and coagulates.

"You can cut through tissues almost bloodlessly," he said, describing only one of such tools.

Not all technology changes at Covenant Health are tied to medical procedures, said Kelly McDaniel, vice president/support services.

As some 400,000 square feet of the existing facility off 19th Street is coming down, it will be replaced by 200,000 square feet, which will be more energy efficient. More than efficiencies, the new facility based on modern evidence-based design will include environmental elements such as natural light, connections to nature, less noise and serene color palettes and art reflective of our faith-based heritage to help produce positive patient outcomes.

One of the first projects was a new utility plant — or, as McDaniel put it, "the Death Star-looking thing" east of the main campus toward Indiana.

The new equipment is state-of-the-art and has redundancies to help avoid power outages.

And Cathey said once the Covenant Medical Center opens — the target date is spring of 2021 — it will focus on patients who need a longer hospital stay.

# Cov Quiz



- 1. Three days after the July 9, 1968 groundbreaking for the new St. Mary of the Plains Hospital, what happened?
  - a. Heavy winds delayed building
  - b. An unforeseen shortage of building supplies delayed construction
  - c. Heavy rains hit Lubbock
  - d. A strike by union construction workers
- 2. The first patient to use the new St. Mary of the Plains Hospital
  - a. A cousin of George Brewer, Methodist Hospital administrator, who was Catholic and had a terrible case of the flu while visiting Brewer
  - b. A child from Mexico brought in by the Diocese for spinal surgery c. A woman who was
  - at a holiday potluck and got violently ill from a hot dish d. Ophelia Beall,

an aunt of

Dr. Sam Arnett 3. On Nov. 20, 1969, the same day astronauts blasted off from the moon to connect with the Apollo 12 command module and head back to earth, Methodist

**Hospital announced** 

- a. A new cancer department
- b. An \$8.65 million expansion plan
- c. Plans to buy a hospital in Clovis, **New Mexico**
- d. An agreement with doctors on staffing plans

### **ANSWERS**

- **1.** c Heavy rains flooded the lake at Maxey Park and it flooded across 24th Street onto the hospital property. St. Mary Administrator Sister Maureen Van der Zee met the architect at the building site. He looked at the "sea" in front of him and told her, "Would it make you feel any better if you knew the plans call for the ground to be built up six to eight feet higher than it is now." Sister Maureen said, "Yes, it would."
- **2.** d Ophelia Beall fell at home and fractured her hip. She was admitted, x-rayed and taken to surgery where Doctors Arnett and Olan Key operated. Thirty-three years after Drs. Arnett, Key and Frank Malone opened Plains Hospital and Clinic, which became St. Mary of the Plains, the first patient was a relative of one of the founding physicians, who performed the surgery too.
- **3.** b − After strong growth in the 1960s, Administrator George Brewer said, "We have nowhere to grow for about three years. The time between now and when the new building is finished can be used to accomplish a great amount of improvement in our systems and practices, all aimed toward the production of better quality patient care.'