1944 - 1945: Patients were served from 65 different towns and cities.

March 15, 1954, the Board of Director's voted to go ahead with a financial drive for a new Hospital. The goal was $600,000; the amount received was $735,823.48. A. F. Peaslee donated $1,105,00 for the additional construction.

The ground breaking took place August 16, 1955, 10:30 AM. August 19, 1955, the "great Winsted flood" took place.

1957: Obstetrical unit was build. Consisted of 2 labor rooms, 2 delivery rooms, 14 post partum beds and 16 bassinets.

The records from 1959 to 1964 were lost and cannot be a part of the recorded history of the Hospital.

1967: The Litchfield County Hospital of Winchester announced that by the special act of the Legislature of the St of CT, the charter has been amended to change the name of the Hospital to Winsted Memorial Hospital. Ivan M. Dockham was President. February 20, 1967, the Torrington Register reported that Rep. John Groppo filed the bill in the State Legislature to provide for changing the name of the Hospital. The name change was quite controversial and was effective on June 6, 1967.

October 1, 1968, joint laundry operations began with Charlotte Hungerford Hospital.

1968: Establishment of the cardiopulmonary service under the direction of the Chief of the Department of Anesthesiology.

1968-1969: Natural childbirth classes were given by the OBGYN at WMH. Fathers are now allowed in the delivery room.

August 2, 1971: A 5 bed coronary intensive care unit opened.

August 19, 1971, the Board of Director's voted to authorize the Executive Committee to proceed with the expansion of the E.R., Radiology and out patient services.

Also in 1971, the Auxiliary purchased $10,000 worth of equipment: An orthopedic air drill, 4 electric beds with bedside cabinets and an arteriosonde auto blood pressure monitor.

December, 1973, the Register Citizen reported an expansion program at WMH would cost $2.5 million and has been planned by the Hospital's Board of Directors. The plan includes repairing the old Hospital building, air conditioning patient's rooms and the kitchen, enlarging x-ray, etc.

February, 1975: Preliminary drawings for a proposed $1.4 million expansion and improvement project at WMH was unanimously approved by the Board of Directors. H. Lee Green, Jr., Administrator, is to increase the number of Hospital beds in order to meet the demand of patients waiting admission. Also improved: E.R., the out patient and receiving departments and improvements to the old building.

February, 1977: Phase I of Winsted's $1.9 million building program (construction of the new E.R. and X-Ray dept's nuclear medicine facilities is nearing completion 5 months ahead of schedule.

November 5, 1984, the Walk-In Health Center opened.

Toward a Common Vision of Health Care in Winsted and Its Surrounding Communities

Richard J. Margolis
Smithsonian Magazine
September 1989

Small-town hospitals draw energy from secrets all their own. Within the national health-care system, they emerge as unique institutions where the curing and the caring are one and indivisible.

The value of the small hospital serving small towns cannot be overstated. Created by the community its roots are deep in the community. The hospital provides stability as a familiar ongoing health care institution, although changing with the changing requirements of the towns it serves. It draws its strength from townspeople whose involvement includes hundreds of volunteer hours, donations, and other kinds of contributions to its welfare; a medical and nursing staff who chose to work in a small-town hospital; administrative and other support staff usually drawn from the community and a board of directors also usually drawn from the service area.

In addition, a full service hospital as near as possible to those who are ill and need its services is a decided asset. Proximity is also an attractive feature to manufacturing and other industrial concerns where occupational injuries requiring emergency care can happen. Being treated close to home is a big advantage in emergency cases; in some instances it has made the difference between life and death. In an emergency or an elective admission to the hospital, the familiarity of the institution and its staff may well contribute to the patient's comfort and a faster recovery.

Moreover, a full service primary hospital can respond to 85% of the community's health needs. For more highly specialized medical care the hospital can and usually does feed into hospitals in larger centers.

Winsted and its neighbors have been fortunate to have such a small town community acute care hospital in its midst, the Winsted Memorial Hospital. Its existence is owed to the vision of community leaders in the last year of the 19th century. We who have benefitted from that early initiative and subsequent leadership and generosity from the communities served by Winsted Memorial Hospital seek to reaffirm the vision of those community leaders and uphold their trust. For the coming years and well into the 21st century we visualize:

1. A full service, acute care community hospital including surgical services, an intensive care facility, a pharmacy, a clinical laboratory, diagnostic equipment, an emergency room, an organized outpatient department and walk-in center, a birthing room and obstetrics, and a pediatric unit (a maternity unit in a hospital usually provides the first contact with a hospital a family has and this contact can lead to future usage), geriatric care, various treatment therapies; and the personnel required to operate an acute care hospital;

2. A hospital capable of responding to difficult planning and organizational challenges through intelligent, integrated long- and short-range planning for an up-to-date facility and excellent personnel;

3. A hospital capable of translating approved plans into creative actions;

4. A Board of Directors, hospital, physicians and other area health personnel, and people in the communities who are in the service area -- all committed and organized as a strong alliance to insure:

(a) the healthy operation and evolution of the hospital;

(b) a monitoring capability to anticipate problems, recommend solutions and assess performance;

(c) the generation of initiatives and pace-setting innovations for treatment of illness, prevention of illness and maintenance of well-being;

(d) relevant collaborations which would strengthen the hospital's performance without compromising its independence.