

**INTERNATIONAL DESIGN COMPETITION
CLUJ-NAPOCA COMPREHENSIVE TRANSPLANT CENTRE**

JURY REPORT

DATE: SEPTEMBER 3-6, 2020

PLACE: CLUJ ARENA, CLUJ

1. JURY

Full members:

Arch. Claudiu Salanță
Dr. Andrei Leșan
Dr. Peter Jaksch
Arch. Ștefan Bâlici
Arch. Oana Gavriliiu
Arch. Andrei Șerbescu
Arch. Dirk D'herde

Alternate members:

Dr. Alexandru Coman
Arch. Silviu Aldea

2. ORGANIZATION OF THE JURY

For objective reasons, arch. Dirk D'herde, full member of the Jury, could not attend the Jury sessions. All the other Jury members were present during the jury sessions. As per art. 1.5.4 and 1.5.6 of the Competition Rules, and according to the OAR/UIA Competition Guidelines, the missing profession was replaced by the representative deputy: arch. Silviu Aldea replaced arch. Dirk D'herde as a full member of the Jury. The members voted unanimously for arch. Oana Gavriliiu as President of the Jury.

The following persons were present next to the jury, as:

- Professional advisor: arch. Andreea Tănase,
- President of the Technical Committee: arch. Mirona Crăciun,
- Jury Secretary: arch. Ilinca Pop.

There were **44** projects submitted in the competition. All projects complied with the provisions of the Competition Rules in what concerns the works of the Reception Secretariat.

Therefore, in the Technical Committee procedure entered **44** projects.

The president of the Technical Committee presented to the jury the Technical committee Report, which contained the check of the formal conditions from the brief and the

competition rules. As per art. 2.3.4, art. 2.3.5 and art. 3.9.6 The Technical Committee notified the jury that the projects with the competition numbers **53, 60 and 90** do not present the Financial Proposal, while the project with the competition number **55** had presented the Financial Proposal signed and stamped, therefore violating the provisions regarding anonymity. All four projects were recommended for disqualification according to the Competition Rules. The jury unanimously decided to disqualify projects 53, 55, 60 and 90.

Thus **40** projects were accepted in the Jury sessions.

3. AWARD CRITERIA

The maximum score is 100 points.

The criteria underlying the evaluation of the proposed solutions are the following:

	Criterion	Maximum score
A	Meeting the spatial, functional and technical requirements	70 points
A1	<p>The quality of the urban intervention:</p> <p>The plot that is the object of the competition is located in the central area of Cluj-Napoca City, at the boundary of the University Hospital Complex, a historical monument ensemble. As it is an intervention in a protected site, the quality of the urban intervention will have a direct impact on the further development of the area. Given the complex urban context in which we operate, the solution cannot be evaluated independently, without proposing a viable solution for the entire University Hospital Complex. Thus, the following aspects will be evaluated in particular:</p> <ul style="list-style-type: none"> • The site plan for the whole University Hospital Complex; • The site plan and landscaping proposal for the plot that is the object of the competition (layout and site uses, the relationship between the public space and the University Hospital Complex, the relationship with the park between the terrace II and III). • The landscaping proposal for the park between terraces II and III (the diversity of the proposed green spaces, the created spatial and urban relationships). 	15 points
A2	<p>The functionality of the proposed solution</p> <p>The project aims at a complex medical function, burdened by a series of normative constraints, generated by the legal framework in force. In order to lay the groundwork for a</p>	35 points

	Criterion	Maximum score
	<p>feasible approach, it is essential that the proposed solution responds to all the spatial and functional requirements imposed by the design theme and observes the legal framework in force. Thus, in evaluating the projects, the following sub-criteria must be followed:</p> <ul style="list-style-type: none"> • Integration of all the functions requested by the competition brief and the judicious use of the space; • Correctly solving medical circuits; • Innovative solutions proposed for solving and optimizing medical functions and circuits, especially for the operating unit. • Structural viability of the proposed solution; 	
A3	<p>Energy concept</p> <p>The criterion evaluates the project's ability to propose a conscious and sustainable attitude regarding energy consumption, offering viable solutions for reducing energy consumption in the medium and long term. The following aspects will be evaluated:</p> <ul style="list-style-type: none"> • Proposed solutions for reducing energy losses; • Integration of renewable energy production systems into the proposed architectural complex; 	10 points
A4	<p>Financial offer regarding the design services</p> <p>The criterion quantifies the value of the design services provided by the tenderer. As it is a complex medical function, financed from public funds, it is important that the relationship between the services provided and their value is correct.</p> <ul style="list-style-type: none"> • The actual cost of the design and its classification within the maximum cost estimate is a mandatory criterion. • Failure to meet the maximum cost ceiling leads to the 0 scoring of the economic criterion. 	10 points
B	<p>Expressive attributes of the intervention</p>	30 points
B1	<p>The plastic expressivity of the proposed volume</p> <p>The architectural quality of the proposed volume brings added value both to the project, as a whole and to the local community. Through a correct insertion, the project has the opportunity to render the community a central space,</p>	20 points

Criterion	Maximum score
<p>currently unused, while also completing a heterogeneously constructed tissue. The following aspects will be evaluated:</p> <ul style="list-style-type: none"> • The potential of the solution to establish a good practice model, both in terms of relating the proposed volume to the existing constructed tissue; • The potential of the solution to establish a good practice model, both in terms of relating the proposed volume to the existing constructed tissue; • The representative / contemporary character of the proposed volume. 	
B2 The quality and atmosphere of the proposed spaces	10 points
<p>The criterion evaluates the project's ability to generate a space centred around the patient's needs, using the proposed finishes and the relationships between spaces to create a therapeutic environment, capable of reducing the stress generated by the medical act.</p> <ul style="list-style-type: none"> • The quality of the spaces and the visual relationships generated, including the relationship with the natural environment; • Easy orientation inside the hospital (wayfinding) and ergonomic use of the spaces, in order to create an environment that is as friendly as possible to the patient. 	

The calculation algorithm used for the final evaluation of the projects is the following:

Final score (maximum 100 points) = Criterion A Score + Criterion B Score

Criterion A Score (maximum 70 points) = A1 + A2 + A3 + A4

Criterion B Score (maximum 30 points) = B1 + B2

4. JURY SESSION – WORKING METHODOLOGY

The working sessions of the Jury were preceded by a visit to the competition site and a presentation of the Brief by the Professional Advisor of the competition, architect Andreea Tănase. The particularities of the site were pointed out in relation to the requirements of the Brief.

Furthermore, following the analysis of the competition documentation and the

amendments made in June, arch. Andreea Tănase presented to the Jury a series of minor discrepancies between the Romanian and English versions. According to Annex 2 of the Jury Report, the Jury unanimously voted: the reported discrepancies do not have a major impact on the structure of the project, respectively on the elements that are the object of the judging process. These issues will not lead to the differentiated evaluation of the solutions presented in the competition.

It was agreed that the selection of projects should be done through several rounds of project analysis.

The jury established the following working method:

Round I

During the first round, the Jury firstly analyzed the 40 projects individually, both based on the award criteria and the requirements of the Competition Brief.

A collective discussion followed the Jury's individual analysis of the projects, highlighting the projects that responded optimally to both the clinical functions and architectural requirements. Thirteen projects were eliminated in this round of professional debates.

The twenty-seven projects selected after the first round to go further were:

50		52	54	56				61	62
63	64		66	67	68	69	70	71	72
				77	78	79	80		82
83	84			87	88		91	92	93

Round II

The Jury sessions continued with the analysis of each of the twenty-seven projects that successfully passed the first round. The Jury members discussed the general approach of the projects in relation with the built context on the one hand, as well as their handling of both architectural and medical requirements on a detailed level on the other hand.

Following this round of debates, seven projects were eliminated.

The projects selected for the third round were:

		52	54					61	62
63	64			67		69	70		72
				77	78	79			82
83				87	88		91	92	93

Round III

The Jury continued to analyze the twenty remaining projects, with a focus on those projects that show a thorough understanding of the particularities of the context, the urbanistic complexity of the site and the medical and architectural requirements. Twelve projects were eliminated following the third round of debates.

The eight projects selected for the fourth round were:

		52						61	
63	64						70		
						79			82
							91		

Round IV

The professional debate of the Jury continued, with an in-depth analysis of the proposals selected for the fourth round. The Jury appreciated those projects that successfully negotiated between functionality and expression and that provided the best responses in what concerns the therapeutic experience of the patient, the representative role of the Comprehensive Transplant Centre and the relationship of the proposed solutions with the particular conditions of the site and the existing buildings.

The five projects that successfully passed the fourth round of debates were: **63, 64, 70, 79, 82.**

Round V – Prize awarding

The jury decided:

The **Ist prize**, consisting in the design contract with an estimated value of 3.248.500 EUR, no VAT included, was awarded to **project number 79.**

The **IInd prize**, in the amount of 60.000 EUR, was awarded to **project number 63.**

The **IIIrd prize**, in the amount of 30.000 EUR, was awarded to **project number 82.**

1st Mention, in the amount of 5.000 EUR, was awarded to **project number 64.**

2nd Mention, in the amount of 5.000 EUR, was awarded to **project number 70.**

5. STATEMENT OF THE JURY

The competition for the Comprehensive Transplant Centre in Cluj-Napoca is the first architectural competition for a healthcare building organised in Romania and is a collaboration between the Romanian Architects Order (OAR) and Cluj County Council.

The realisation of a multi-organ transplant centre comes to respond to the growing need for these lifesaving surgeries at a national and regional level. The proposed location within the University Hospital Complex was chosen for its potential for full integration within the well-established medical community in the area, comprising the Emergency County Hospital and its specialist clinics and the “Iuliu Hațieganu” School of Medicine.

The main project objectives were clearly defined by the brief as follows:

- Develop a comprehensive transplant centre that provides a wide range of high-quality organ transplant services, accessible to all patients;
- Build a new hospital, whose design complies with international standards in the field, where the expertise and the efficiency of the medical staff are supported and enabled by the clinical design;
- Create an environment centred around the patient's needs, using both the materiality and the relationships between spaces to create a therapeutic environment, capable of reducing the stress generated by the medical intervention;
- Complete the existing built grain with a contemporary urban insertion, seeking to mediate the current dysfunctions identified both within the University Hospital Complex, and in the adjacent area.

These objectives create a multitude of concurrent demands for the design that amount to a very complex scheme.

To ensure this complexity of the program was well captured in the evaluation of the entries, the jury was composed of specialists in the field of Medicine, architecture and urbanism with complementary expertise covering all aspects of the brief, from transplant medicine and epidemiology, to architectural and healthcare design, urban planning and cultural heritage conservation.

The competition has attracted 44 submissions, one of the highest level of participation in an architectural competition in Romania in recent years, and entailed a high volume of work in a short space of time from all contestants.

The jury found a high level of quality within the entries, with almost half being very well developed and documented proposals.

In our appraisal of the projects we focused our attention on the response to the requirements of the brief through the lens provided by the evaluation criteria.

We undertook five rounds of selection and classification to reach a robust and thorough assessment of all projects in themselves and in relation to the others.

The resulting evaluation, classification and grading is included below.

6. FINAL CONCLUSIONS AND RECOMMENDATIONS

Project no. 79 – First Prize

The project proposes a highly professional and apparently effortless integration of all requirements of the design brief and as well as an appropriate response to the difficult site, creating a positive transition from the heterogeneous urban surroundings towards the green core of the historic site of The University Clinics.

The jury commends the excellent achievements of this project in terms of putting the patient at the core of its conceptual approach, and creating a positive atmosphere, to alleviate the stress that patients are subjected to during the transplant process. The design is clearly expressing these attributes and gives an honest account of the programme.

The quality of the urban intervention (criterion A1)

The project shows a very good understanding of the urban fabric, relating successfully to both the listed University Hospital Complex, as well as the heterogeneous character of Victor Babeș and Hașdeu streets. It presents us with a clear composition of two dominant medium height volumes, articulated so as to achieve a formal dialogue with the rest of the complex through maintaining a restrained scale, emphasizing its pavilionary character and celebrating the cartesian grid of the composition. Furthermore, it creates a much-needed access point towards the Hospital complex extending the existing compositional axis, opening an otherwise closed perimeter.

The project achieves the best integration of the park on the site, allowing for the landscape to seamlessly flow through the transparent hall of the building, while opening to generous views over the city from upper floors. The park is offered to users as an outdoor extension of the facility for both recreational and therapeutic purposes.

The portico mediates the complex and diverse surroundings of the site while creating an attractive urban space, not only for the patients and clinical staff, but for the student campus as well, becoming an urban activator. A series of microplaces with different usages mitigate inherent spatial conflict with the existing buildings and further emphasize the agora character of the proposal.

The functionality of the proposed solution (criterion A2)

The vertical stacking and the efficient use of space is the best one the jury has seen. The design proposes a best practice vertical arrangement coupled with very well thought out horizontal adjacencies. The overall use of space is very efficient, achieving one of the best sqm/bed ratios, without sacrificing the patient, the functionality and the flexibility of the spaces.

Vertically, the departments are organised from support to hot space and from public to private, with the support spaces in the lowest basements below the very well-integrated first basement containing the operating unit, ED, Imaging and Laboratory.

The operating unit is very well organised, with clear and separate clean and dirty routes and allows for flexibility of use between pre and post op beds. Its location adjacent to Imaging is very good and allows for future synergies between surgery and diagnostic with potential for intraoperative diagnostics.

Ground floor, a very open and comfortably public level, is given to ambulatory patients to the south and to education and research to the east. This functional collocation ensures that the building feels as much for the patients as for the staff and students. It creates a shared and open public concourse where all the users of the building feel welcome.

The designers made the clear decision here to put the AIC areas all on one floor above ground affording all patients a light and airy environment with views out and plenty of daylight all around. Functionally and clinically this choice for the AIC areas is the best for this site due to its size, orientation and location. The unit is very well designed, with standardised patient bed spaces which allows for full flexibility of use and nursing patterns.

The inpatient areas are very well designed in terms of space allowance and organisation with a clear front door and well-located support and staff spaces. The staff bases are located centrally with good observation of patients. The hospital flows are very well resolved and documented both vertically and horizontally.

Energy concept (criterion A3)

The project embedded sustainable environmental concepts from the early stages of the design process. The energy concept tackles in a convincing way an array of architectural elements (porticos for shading, light wells for ventilation, thermal storage of structural elements, active and passive shading devices), as well as other technical solutions.

The plastic expressivity of the proposed volume (criterion B1)

The winning project opts for a rather neutral architectural expression, allowing for the coexistence with the diverse surroundings, promoting an accessible and transparent architecture. It responds with an elegant take on medical architecture showing both

restraint and reflecting technical advancement and the highest level of medical mastery that define such transplant centers.

The double height colonnade of the portico reduces the perceived scale of the masses, blending the new building into the surrounding urban structure, and gives a human scale to an otherwise imposing volume. Both facade system and structural grid allow for a very flexible usage (adding new medical functions, or changing existing ones), ensuring an excellent adaptability of the building to future scenarios in a fast-changing domain.

The quality and atmosphere of the proposed spaces (criterion B2)

The project opens up to welcome urban life, creating a series of covered public spaces with multiple accesses and allowing the crossing of the building for an intimate connection with the terraced park of the University Hospital Complex.

It sets an optimistic, open atmosphere, presenting itself as a contemporary, transparent and modern institution. This transparency reads as a concept that helps the patients understand the process they are going through and helps medical recovery and positive mindset. Generous corridors allow for ample views to the landscape, while multiple meeting places facilitate support from family members. Several light-wells bring natural light into lower inner spaces, alleviating work stress for medical staff in key functions such as operating theatres, AIC and emergency departments.

Recommendations

The jury recommends a better integration of the proposed two volumes into the existing historical context, by means of composition and materiality.

Consideration should be given to providing more separation between the clinical and services vertical cores with a look to future proof the hospital for the integration of automated goods management.

Project no. 63 – Second Prize

The project proposes a low-rise composition of simple volumes, seamlessly integrated into the existing built fabric of the listed ensemble of The University Clinics, and considerate about the urban surroundings. The rational, calm and discreet atmosphere and the quality of the architectural solutions match the function of the building and of the entire ensemble.

Thus, the jury commends this remarkable project, for its appropriate response to the difficult site, to its historical and physical constraints, and for the high quality architecture it proposes, in relation to the particular use of the future building.

The quality of the urban intervention (criterion A1)

The vision for the University Hospital Complex, to which the project site belongs, is clear and logical, relying on the reinforcement of the original symmetrical composition and respecting its general mass balance. This approach entails removing recent incoherent additions and emphasising the overall concept by adding new tree alignments, restoring existing circulations and skilfully integrating the proposed new building into the general scheme.

The park is preserved and enhanced by the creation of small meadows, rehabilitation of the existing historical stairway and alleys, and the addition of a network of diagonal paths, thus offering a richer experience.

The disposition of volumes on the project site, lengthwise, along the contour lines of the terrain, and matching the disposition of the existing historic buildings, offers an optimal integration, and preserves the main compositional features of the site. Moreover, the resulting 'pockets' between building and street echo the relationship between the old pavilions and the street space and generate valuable new urban spaces – most importantly the Main Square, but also the Students Green Square, Patients' Courtyard, Chapel Courtyard. All these spaces are designed in close connection to the close surroundings, thus contributing to a very good integration of the new building into its immediate context.

Overall, this project provides the best response to the condition of integration in the urban context, meeting the requirements of preserving and enhancing the listed complex.

The functionality of the proposed solution (criterion A2)

The building makes good use of the slope by creating separate access points for emergency, main entrance and staff/students area and it locates the larger floorplates partially underground, which represents a judicious spatial organisation leading to a low-rise, well integrated volumetric proposal.

The vertical stacking of the function follows best practice, with hot clinical areas located in close vicinity to each other on the lower levels of the buildings, more public or ambulatory functions on the two levels with access from the street, ground and first floor, and inpatient wards on the upper levels.

The hospital flows are very well resolved and documented, clearly showing the routes for all circuit categories, ensuring segregation of the public, clinical, staff, and services flows.

The proposed layout for the operating theatres represents international best practice and is very well thought out and documented.

The plastic expressivity of the proposed volume (criterion B1)

The design shows a delicate and sensitive approach to the brick architecture of the old buildings, which it does not just borrow, but also takes further in an elegant, clean and contemporary design of both exterior and interior spaces. The jury appreciated the restraint which the whole project demonstrates, considering this as a high quality of intervention within a historical context, especially in an environment as heterogeneous as the existing one.

The use of a flexible concrete grid as a structural solution is translated onto the facades by a clear rhythm of columns and windows, beautifully proportioned, which, together with the exposed light brick, the exposed concrete articulations and the rounded volumes of the staircases, put together a refined architectural language and demonstrate a close attention to the old clinics' vocabulary.

The quality and atmosphere of the proposed spaces (criterion B2)

The jury appreciated the solemn approach to the project creating harmonious, elegant spaces, both exterior and interior. Several intermediate spaces, well dimensioned in relation to the plot's limits and the adjacent buildings, offer diverse characters for users: representative, contemplative or recreational.

A sobre soothing atmosphere governs the proposal, with timeless references to a stable and tangible architecture.

Energy concept (criterion A3)

The project presents several sustainability technical solutions as well as strategies for using local materials, compact volumes for limiting heat loss, ecological rainwater management or permeable surfaces.

Recommendations

The project's main objective - to sit very well into the sloped site and seamlessly and unobtrusively integrate into the historic complex - came with a cost for the functional content. The presented scheme requires an increase in the surface allocated to the patients, whilst maintaining the essence of the proposed external architectural expression.

The designer should also reconsider the location of the AIC areas and ensure they are appropriately sized, comprising all required support spaces, and that the patient environment affords views out and daylight to all bedrooms, as well as suitably sized shared staff bases in addition to the ones related to the patient rooms.

More thought should be given to the public and semipublic functions of the building allowing for more generous shared use of spaces and entrances to foster collaboration and a sense of belonging for all the building users, the patients, the staff, visitors, students and researchers.

Project 82 – Third Prize

The proposal presents a complex and multilayered project, a rich story of a world apart, which can be read on multiple levels. While showing a refined understanding of the historical and cultural background, and a set of subtle references to the University Hospital Complex, it is a very contemporary architectural gesture, as it works in an innovative way with attributes already validated by time.

The jury praised the proposal's boldness and uniqueness in approaching the site and the program's constraints by the means of a personal and very original response, which is rigorous and poetic at the same time, proving a profound, solid but also charming approach to the place and the hospital program.

The quality of the urban intervention (criterion A1)

At the scale of the ensemble, the project involves in a process of healing of the historical composition, by removing inappropriate recent additions, and proposing instead a pair of very considerate insertions, to complement and sustain the original layout of The University Clinics – in place of the present emergency unit and of the ophthalmology clinic extension. Such ponderate gestures reveal a coherent overall vision for the whole site where the new building thus integrates. The park plays a connecting role as well, emphasized first by the preserved and restored historical stairway, and by a few new flights of stairs and paths cutting across, between the old alleys.

At a closer scale, the approach to the University Hospital Complex, and even beyond it, to the wider context, involves also a micro-analysis – expressed in the plan drawings – of the historical building stock, to reveal its typology, relationships and character, then to be integrated into the design process of the new building.

The project brings forward the option of solving the difficult site by placing a compact, robust, heavy object, with a large footprint, next to the crossroad. It is a very geometrical, clear volume, archetypal we could say. Its own austerity is further altered, surprisingly and beautifully, by the presence of smaller scale volumes, as the entrance pavilion and the halls of the 'garden city' onto the roof terrace. Thus, it works with two scale systems, relating the proposal to the more massive brick architecture of the late 19th, early 20th century buildings of the Clinics' ensemble and with the more heterogeneous proximity of the nearby streets. By carefully arranging the volume on site, it allows for very delicate connections to the streets and buildings nearby.

The functionality of the proposed solution (criterion A2)

The proposed design achieves the integration of all required functions into an unusual shape for hospitals. The vertical stacking of departments follows general good practice

with hot clinical functions grouped within the lower floors and the inpatient wards above. The scheme seeks to create innovative ways of working by closely knitting operating theatres with intensive care beds. The close collocation of these hot services is an important objective to have, although the designer took it one step further and merged the two departments into integrated units.

The hospital flows are not well defined in the provided information, but the disposition of the vertical cores allows for enough flexibility of use to envisage a suitable separation of flows. The inpatient areas seem to aim for a very original layout and experience providing each bedroom with generous spaces and defined own entrances.

The plastic expressivity of the proposed volume (criterion B1)

The jury appreciated the proposal's consistency in starting with the hospital room as the spatial module of the design, and then take it further into developing the spatial and structural order of the whole project (which becomes a house of rooms, similar to the houses which had been discovered by the detailed drawings of the larger context), and also translates this into the building's architectural expression. The geometric, orthogonal grid of the concrete slabs and columns is a natural exposure of the hospital's inner order towards the outside and can also be seen as a delicate reference to the pilasters which give measure and rhythm to the historical buildings' facades in the University Hospital Complex. The jury also appreciated the project's restraint in adapting some more fashionable (and therefore maybe more ephemeral) materials and facade systems into the proposal.

The quality and atmosphere of the proposed spaces (criterion B2)

The project presents a very personal take on the hospital and its specific atmosphere, striving for intricate succession of different sized rooms. The project aims to disrupt typical monotonous hospital space by setting constructive elements to create numerous recesses and alcoves in a broidery of intimate spaces.

Energy concept (criterion A3)

The large compact volume of the proposal offers the advantage of reduced energy consumption and limited plumbing and services distances whilst the dynamic shutter facade control in an efficient manner the solar radiation.

Recommendations

Although commendable for its bold choice to closely knit the operating theatres and the intensive care beds, the design fails to achieve a functional layout due to sacrificing important support spaces and the required segregation of flows through the two departments which are run by separate medical teams. The designers should consider decoupling the operating theatres and the AIC and place them on separate levels.

The proposed structural grid limits the internal planning flexibility of the scheme and leads to a long series of corners which, even though original and probably beautiful, as described above, would be quite hard to navigate with patients on beds. A simple and regular structural grid should be considered and a reduction of the irregularities along the main corridors.

To improve the user experience of the building, the authors should consider introducing more daylight and views into working and shared spaces.

Project 64 – 1st Mention

The project proposes a conspicuous response to the requirements of integration between the complex programme and the existing natural and built environment, relying on a contrasting dialogue of two clear volumes - a plinth and a prism - that perform distinct functional and architectural roles.

The jury appreciates the professional control over the different spaces required by the transplant hospital program, which create the premise for an excellent medical act, as well as the clear attempt to connect the building both to the historical composition of the University Hospital Complex, and to the neighboring townscape.

For all the merit of the project, there are a few setbacks, both in terms of an excessive mass of the building, and in terms of negotiating the relationships with the immediate surroundings.

The quality of the urban intervention (criterion A1)

The project gives consideration to the character and needs of a wider area – from the site itself, to the park and The University Hospital Complex and further to the surrounding areas of the Mikó Garden and the Botanical Garden. The Masterplan study looked to link the existing hospital functions on site with the new Transplant Centre and achieved this in a considered fashion, by proposing a workable solution for the relocation of the buildings that were proposed for removal, according to the Brief. This link would enhance the functionality of the whole campus were it to remain as a hospital site or redevelop as complementary functions like medical sciences, biotech research, medical education, etc.

The relationship of the proposed building to the adjacent streets, though, is not as successfully dealt with, neither in terms of urban spaces – the piazza towards the church is large and void, and the space along the southern side is not connected to the building – nor in terms of architectural elements – nor in terms of architecture elements – the scale and rhythm of columns are not controlled along the sloping Victor Babeș St. Thus, the scale of the access area and the curving volume raising above would need to be reconsidered.

The functionality of the proposed solution (criterion A2)

The design proposes a best practice vertical stacking of functions providing a suitable amount of space for each function and proposing additional technical spaces both as an interstitial level and as additional roof level plant. The hot clinical areas are ideally collocated within the lower podium and configured to allow for segregation of hospital flows whilst the inpatient wards are located in the tower above it, providing great views and orientation for all inpatient bedrooms. The top of the podium is proposed as a garden which is ideally located for patient access for those patients that cannot access the park due to mobility issues and/or immunosuppression.

The hospital flows are ideally resolved with clear segregation of the main flows, providing the right amount and types of lifts, ideally located to allow for the flexibility of use and for future integration of automated guided vehicles for goods deliveries and waste collection.

The adjacencies between theatres and AIC seems to have been the driving force of the design. The designers managed to achieve the ideal layout and relationships between the two departments but this came at the price of an imposing undercroft area in front of the main entrance which was not well resolved and worked against the proposed scheme when considering the way it responded to the historic neighborhood it sits within.

Energy concept (criterion A3)

The project shows a very good knowledge of the different technical solutions in assuring the sustainability of the proposal - rainwater collection, solar energy harvesting and geothermal energy.

The plastic expressivity of the proposed volume (criterion B1)

The design relies on the dialogue between the rhythmical array of brick-clad columns, stretching the full height of the plinth, and the light glass volume on top of it, flexibly screened by a light metal structure guiding the sunshades. The lower part is meant to create a reference to the materiality and composition of the surrounding buildings of the ensemble and to control the relationship to the more heterogeneous streetscape, while the towering volume is meant to transparently express its function and maximise the benefits of opening towards the surrounding environment. This positive and expressive use of materials is betrayed in the structure of the main access area, where the shape

and size of the vaults, the decorative use of bricks, adding to the apparently random suppression of a number of columns, create the impression of an uncontrolled use of material, space and structure.

The quality and atmosphere of the proposed spaces (criterion B2)

The project imagines a high-quality environment both for patients and medical staff in alignment with best international practices. The rooftop garden over the third story represents an easily accessible outdoor space and the ward rooms are privileged with generous views to the surrounding landscape.

Project 70 – 2nd Mention

The jury appreciated the contemporary character of the intervention, which proposes a bold composition, mediating in a striking visual statement the complexity of the Victor Babeș street and The University Hospital Complex. By using clear composition principles and a contemporary expression, the project stands out for its volumetric accuracy and architectural quality.

At the same time, the refinement of the architectural expression has left behind the detailing of the functional solutions and relations, the proposal is therefore lacking, in certain aspects, the required technical diligence.

The quality of the urban intervention (criterion A1)

The jury welcomed the thorough urban solution, which brings together three simple, primary volumes, with a tall prism marking the symmetry axis of The University Hospital Complex, a long one placed alongside Aleea Studenților and a lower cylindrical volume solving the articulation with the street and crossroad. Together, they show a good positioning on the site and a good compromise in using the slope in the advantage of the project. While the volumetric clarity was seen as an advantage, the height and mass of the main volume were considered as not being adapted to the existing fabric.

The functionality of the proposed solution (criterion A2)

The vertical organisation of the function has some good aspects such as locating ED adjacent to Imaging on level -1, and placing all operating theatres on level 1 with the all the required AIC beds on the level above. However, the apparent mix of specialities at ward levels which splits all specialities across different levels, and has them collocated with others is quite problematic and hard to follow due to the lack of definition in the provided information.

The resolution of the hospital flows fails to provide clear routes for all the required circuits and it lacks clarity about the orientation of the main departments (entrances to and exits from, etc).

The presented snapshot of the design for the operating theatres seems well organised but it does not show enough of the department to make a judgement call. The AIC, has followed the same circulation pattern as that used in the operating unit, with 2 separate access routes to critical care beds. This is not a suitable arrangement for AIC as it makes access control to patient's spaces impossible.

Energy concept (criterion A3)

The project presents different options for an ecological approach to the design, while tackling prefabrication, locally sourced materials and renewable materials usage.

The plastic expressivity of the proposed volume (criterion B1)

The volumetric composition is further developed into the detail of the materiality with similar principles - a geometric, clearly organized configuration of the facades, which uses vertical and horizontal elements laid out in brick, as an expression of the structural grid. The choice of materials gives depth to the facades, and the movable window shutters diminish the heaviness of an otherwise almost monumental building.

The jury also appreciated the way the reception area is built at the junction point of the volumes, where a lower space is created under the circular volume.

The quality and atmosphere of the proposed spaces (criterion B2)

The striking volume of the entrance allows for a complex spatial experience while articulating high quality urban spaces and impressive interior architecture expressed in massive structural elements and solid materials for a modern monumentality.

7. FINAL RANKING

COMP. NO.	POINTS	JURY ASSESSMENT
79	95p	1st PRIZE
63	90p	2nd PRIZE
82	83p	3rd PRIZE
64	78p	1st MENTION
70	76p	2nd MENTION
61	71p	<p>The jury appreciates the way the central axis of the whole Complex is reconsidered and opened along its length. At the same time, the way the building adapts to the site's adaption of the building to the site which takes advantage of the slope with good insertion and overall nice appearance. Overall the medical structures do not apply to the brief, with separation of the intensive care units on different floors. The approach of the facades, structure and internal layout is not coherent.</p> <p>It was also noted the adaptation of the building to the particularities of the site, with a good use of the slope and a good location on the ground. By creating a continuous volume, which closes the fronts indiscriminately to all directions, the general configuration is detached from the specificity of the relationship between buildings, plots and public space of the street in the area of the Clinic Ensemble. The jury considered that the approach to the facades is largely generic and fails to bring the necessary level of complexity and refinement needed in the historical context of the insertion.</p> <p>Overall, the structure of the medical function is coherently developed, but does not meet certain requirements of the brief, such as the separation of intensive care units.</p>
91	70p	<p>The jury appreciated the ponderate height of the proposal towards the adjacent streets, as well as the local provision of setbacks on one or two levels, with the intention to reduce the mass of the building and to correlate the proposal to the existing context. Likewise, the project achieves the creation of an extended public area, by means of a network of exterior and intermediate walkways, wide and varied, as well as by a series of gardens and planted areas. The proposal achieves, at the same time a good layout of medical functions and circuits.</p> <p>The volume typology adopted by the project, that of a volume that closely follows the street front and encloses a courtyard, has been regarded by the jury as not being</p>

specific to the University Hospital Complex. Moreover, the jury has considered that the expression of the building, notwithstanding the evident references to the brick facade architecture of the vicinity, keeps a rather commercial character and does not reach the refinement that such an intervention requires, in this particular location.

52	65p	<p>The jury appreciates the way the central axis of the whole Complex is reconsidered and opened along its length. It was also noted the adaptation of the building to the particularities of the site, with a good use of the slope and a good insertion on the terrain.</p> <p>By creating a continuous volume, which closes the fronts indiscriminately to all directions, the general configuration is detached from the specificity of the relationship between buildings, plots and public space of the street in the area of the Clinics Ensemble. The jury considered that the approach to the facades is largely generic and fails to bring the necessary level of complexity and refinement needed in the historical context of the insertion.</p> <p>Overall, the structure of the medical function is coherently developed, but does not meet certain requirements of the brief, such as the separation of intensive care units.</p>
67	65p	<p>The project proposes a volume that folds on the topography of the site, being well integrated in the urban context. The proposed atmosphere is welcoming and warm. From a functional point of view, the operating room is too small and does not meet the requirements of the theme, and the functional organization of the spaces needs improvements.</p>
69	64p	<p>The jury appreciates the proposal of a compact, rational volume that makes it possible to ensure a coherent response to the functional requirements of the theme by ensuring an efficiently organized space. The architectural image presented is neutral. The volume allows an internal organizational freedom, but it is atypical, its relationship with the context not being adapted.</p>

62	64p	The clinical planning of this project is evidently expertly done following current best practice and has considered all aspects of the function right down to the need for a large trauma lift. However the proposed massing and façade treatment is completely at odds with the historic neighborhood creating and imposing glass building that dwarfs the nearby listed buildings.
54	64p	The project assumes the idea of conferring a new landmark by proposing an unusual tall sculptural object. The inner court invites nature as part of the healing act. The jury appreciates the boldness of the intervention but sees this intervention as less viable in the historical context of the site. The medical functionality of the building requires further improvement.
93	64p	The jury appreciates the rational, clear solution that is also found in the expressiveness of the facades. The proposed structure offers flexibility. Also, the concern for green spaces and their presence inside helps to mediate between the built and the natural environment, while helping the healing process. From a functional point of view, the project has some shortcomings in the organization and provision of functional spaces and circuits.
92	62p	The jury appreciates the small scale of the volume that ensures a good integration in the urban context, without addressing in a particular way its constraints. From a functional point of view, the proposed solutions require a detailing and a revision of the medical circuits in order to ensure their coherence.
78	62p	The jury appreciates the bold way of assuming the context through the coercive proposals in the site area. The volume scale ensures a good integration in the urban context. From a functional point of view, the proposed solutions require a detailing and a revision of the medical circuits in order to ensure their coherence.

77	62p	<p>The functional content of the project is very well developed and configured showing clear expertise in healthcare design.</p> <p>The project proposes an insertion developed around the compositional axis of the University Hospital Complex, but the approach is not fully assumed. Positioning on the site is almost good, but the alignment with V. Babeș Street is not a specific approach to the historical context of the University Hospital Complex. The faade treatment is not in keeping with the historic neighborhood and the accesses to the building are not well resolved.</p>
88	62p	<p>The jury appreciates the good analysis and knowledge of the opportunities / constraints of the location, the identification of the materials specific to the context of the insertion. The monumentality of the proposed volume is intimidating and does not encourage an approach focused on the patient and his needs.</p>
72	61p	<p>The jury appreciates the succession of spaces that allow a swift passage through the site. Placing the main floor over the four floors from the street leads to an unwanted image of a massive volume.</p>
83	61p	<p>The pavilion typology proposed brings forward a clear structure and a functional separation characteristic to the University Hospital Clinics, reuniting all volumes under a uniform architectural concept. From a functional perspective, separating the Intensive Care Unit in several building wings is not a suitable approach.</p>
87	60p	<p>The jury appreciates the good intention of the insertion in the site. The project shows a good understanding of the requirements of the medical function, with well-structured and well-located operating rooms. The volume and the proposed architecture are not adapted to the topography of the site.</p>
84	56p	<p>The jury appreciates the stated intention to order the intervention and to negotiate the relationship between the historic buildings and the proposed intervention. The massiveness of the proposed volume comes out of the scale of the place and not in a desirable manner.</p>

71	55p	The jury appreciates the well thought-through medical circuits. The project misses functional details and working intensive care units. The height and the overall mass of the building are excessive and do not fit the urban surroundings.
80	52p	The project proposes a series of measures to ensure sustainability requirements. The architectural concept contains multiple uncorrelated gestures that lead to the fragmentation of the whole. Medical circuits require more careful thinking.
56	52p	The project proposes an original approach to the competition and studies a series of solutions to ensure sustainability. The proposed functional solutions meet the theme requirements but start from the false premise that the sections of the transplant center are independent. The proposed spaces do not encourage collaboration between specialties..
66	50p	The landscape concept presented shows an interesting approach to the needs of the site, proposing a well thought out approach that works within the proposal. From a functional point of view, the project shows an understanding of the circuits specific to the medical act. However, the massiveness of the intervention and the volume are totally atypical of the context.
50	50p	The jury appreciates the clear composition of the four volumes that accommodate the departments of the Comprehensive Transplant Centre, as well as the welcoming design of the interior public spaces. At the same time, the project does not answer to the requests of the brief related to functionality and medical circuits.
58	44p	The jury appreciates the judicious functional layout, as well as the correct functional answer. With respect to the insertion in the existing urban context and the architectural expression, the proposal does not offer a convincing response.
81	44p	The jury commends the clarity of the proposed volumes, but the solution is not adapted to neither context nor the topography of the site. The proposal is interesting and bold, referencing the principle of symmetry to the built context of the area.

51	41p	The internal functions are well thought (in what concerns the operating theatres), but the volumetric proposal and the architectural expression does not have the sensitivity in approaching the existing urban context.
85	41p	The jury appreciates the architectural gesture, but the multitude of volumes leads to unjustified costs and unjustified functionality problems. The concept of replicating green terraces within the proposed volumes does not lead to a decrease in the surface used from the plot.
68	37p	The proposal ensures a good separation of accesses to the building and an understanding of the necessary functionality, but the proposal to remove the church cannot be justified. Also the separation of the operating block poses functional problems. The proposed volume and architectural image do not demonstrate a good understanding of the urban context of the insertion.
89	35p	The proposal to make the green spaces accessible to the general public is welcome. From a functional point of view, the location on various floors of the operating room and the intensive care beds does not lead to the demonstration of a good understanding of the necessary medical circuits. The architectural proposal is not contextualized.
57	34p	The jury appreciates the intention to respect the existing context by creating two interconnected volumes, but the lack of detail of the elements required in the brief leads to the impossibility of a detailed analysis of the functionality. The occupation of the entire plot and the size of the proposed volume contradicts the specificity of The University Clinics.
75	33p	The jury appreciates the architectural solution, with respect to the brightness of the patient wards. The volume does not take advantage of the topography of the site and of the slope. The medical function requires further improvement and detailing in order to be functional.

76	31p	The project proposes the use of public green spaces as a component of the medical act, inviting nature to be part of the healing process. The proposed medical functions require more attention in solving the functional circuits so that they correspond to the requirements of the topic.
74	30p	The separation of hospital areas helps to ensure natural lighting beneficial to the function. The project proposes the integration of technologies that will lead to the efficiency of the medical act by reducing the procurement times of medicines. The project does not convince by the proposed architectural image and has dysfunctions in ensuring the necessary functional circuits.
65	29p	The project captures the central axis of the University Clinics Complex as a whole and takes over the pedestrian connection between the terraces, ensuring the connectivity between terrace 1 (Clinicilor street) and terrace 3 (Students' Alley). The architectural image presented is an approach not adapted to the context of the site. Functionally, the project presents a series of problems regarding the feasibility of medical circuits.
86	27p	The concept of revitalizing the green spaces from the terraces of the clinics in order to make them accessible to the general public shows an approach that takes advantage of the opportunities offered by the existing urban context. The medical functions required by the brief are only partially found in the proposal. The volume and the proposed architectural image are not convincing as an insertion in the urban context of the site.
59	24p	The project proposes an approach focused on functionality, the resulting architectural image being only a consequence of them, without expressiveness. From the point of view of the medical act, the circuits presented are not able to support the innovative approach required by the proposed architectural program.
73	23p	The proposal surprises with an organic atypical, assumed approach, while formalistic and astructural. The massive volume is not at all adapted to the context, ignoring it completely. Medical spaces and circuits are not designed to meet the requirements of a transplant center.

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