Grant Saso, AIA, Project Architect Little Diversified Architectural Consulting, Inc. Orlando, FL grant.saso@littleonline.com Garrett Herbst, AIA, Project Manager Little Diversified Architectural Consulting, Inc Charlotte, NC garrett.herbst@littleonline.com Helena Cheung, AIA, Studio Principal Little Diversified Architectural Consulting, Inc Charlotte, NC helena.cheung@littleonline.com

Al IMPACT 2024 | 40th Annual FPC Seminar + Expo Sept 29 - Oct 1, 2024

Harnessing AI for Conceptual Design Excellence in Healthcare

Course Number: AHCA 12
Credit Designation: 1 LU/HSW
AIA CES Provider Number: E240

October 1, 2024



1

The seminar has teamed with a registered provider of AIA - approved continuing education under Provider Number E240. All registered AIA CES Providers must comply with the AIA Standards for Continuing Education Programs.

Any questions or concerns about this provider or this learning program may be sent to cessupport@aia.org or 800-242-3837 Option 3.

This learning program is registered with AIA CES for continuing professional education. As such, it does not include content that may be deemed or construed to be an approval or endorsement by the AIA of any material of construction or any method or manner of handling, using, distributing, or dealing in any material or product.

AIA continuing education credit has been reviewed and approved by AIA CES. Learners must complete the entire learning program to receive continuing education credit. AIA continuing education Learning Units earned upon completion of this course will be reported to AIA CES for AIA members. Certificates of Completion for both AIA members and non-AIA members are available upon request.

OBJECTIVE

Understand the strategic integration of AI within the healthcare workflow and its profound impact on shaping the conceptual design process.

OBJECTIVE

Gain insight into how AI produces visually compelling outputs, enabling a deeper understanding of design implications and fostering creativity.

3 OBJECTIVE

Explore a variety of AI programs and tools applicable to conceptual design, learning how to effectively leverage them to generate conceptual renders and images.

4

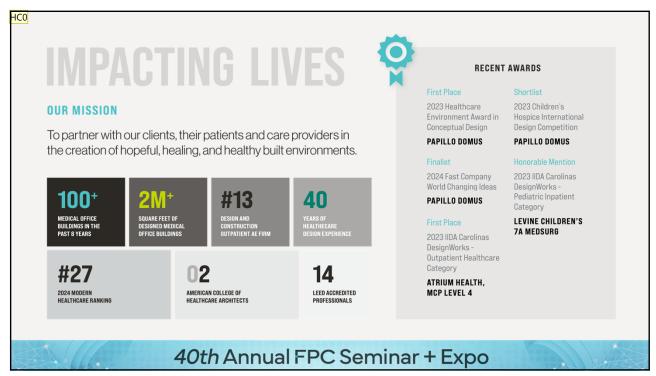
Utilize AI tools to cross-reference and identify common traits across user-demographics.

3

AIA Learning Objectives



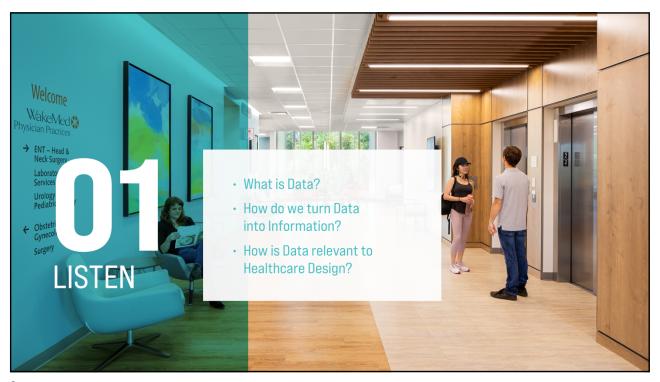






LISTEN AND LEARN TO USE STILL WHITE STILL WE WAS AND THE STILL WE WANT TO USE STILL WE WANT T **AGENDA** CRAFT EXPERIENCES listén craft 01 LISTEN · What is Data? · How do we turn Data into Information? RESULTS · What does Data mean in Healthcare? 02 CRAFT • Our Knowledge: How it's expanded with Al information. elevate · What does it mean? **03 ELEVATE** P. P. PERFORMANCE THROUGH · Impact of AI in our Process · Impact of AI on Client Success Future Possibilities

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WHAT IS DATA?

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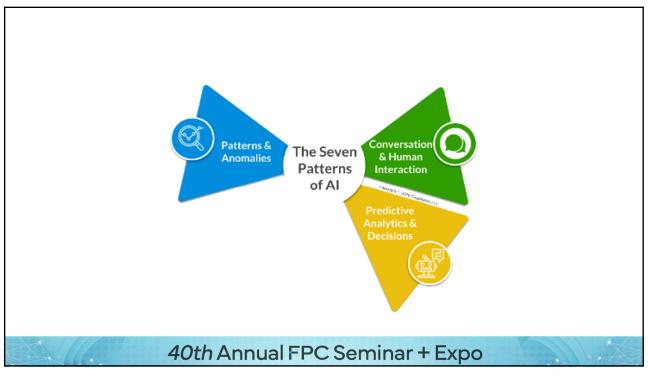


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COLLECT, CLEAN AND REFINE DATA?

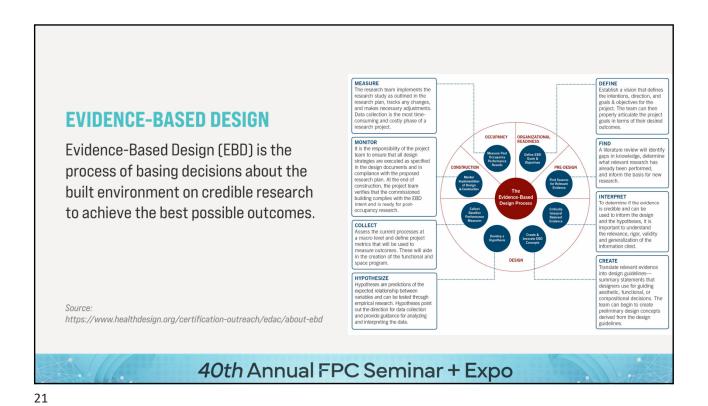
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WHAT DOES DATA MEAN FOR HEALTHCARE DESIGN? 40th Annual FPC Seminar + Expo



IMPACTING LIVES

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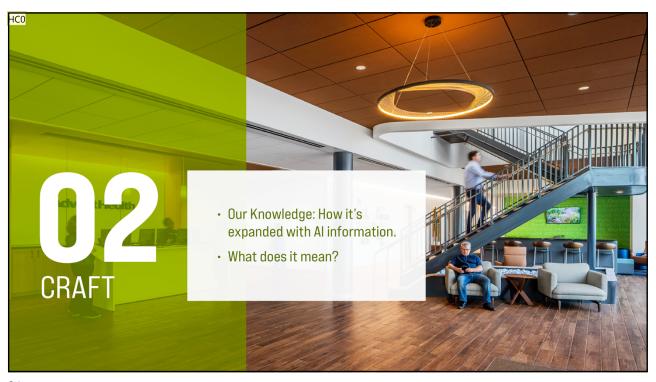














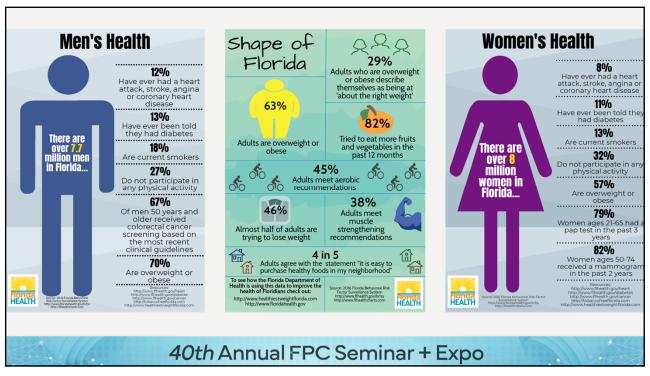


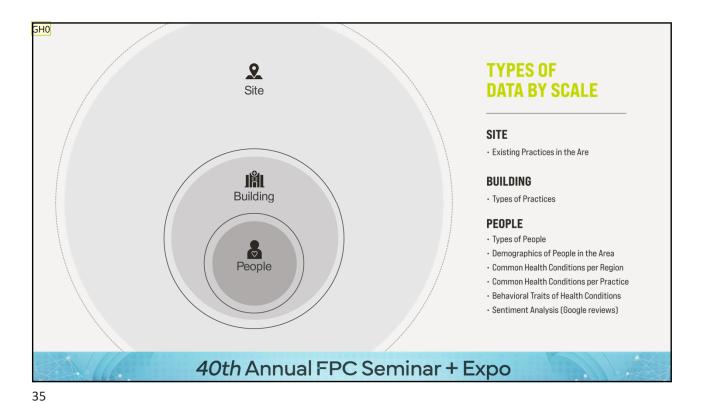
HOW IT HAS EXPANDED WITH

AI INFORMATION

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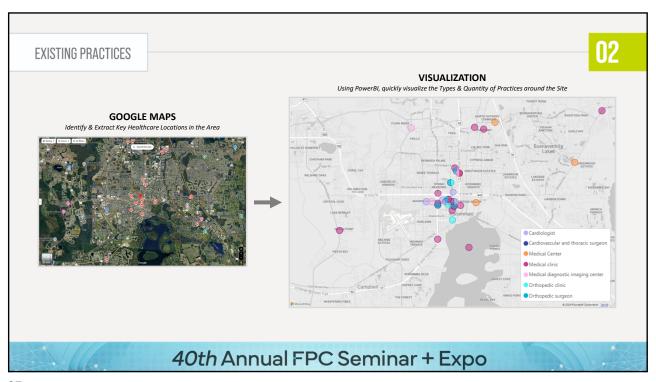


HOW DO WE MAKE THIS DATA

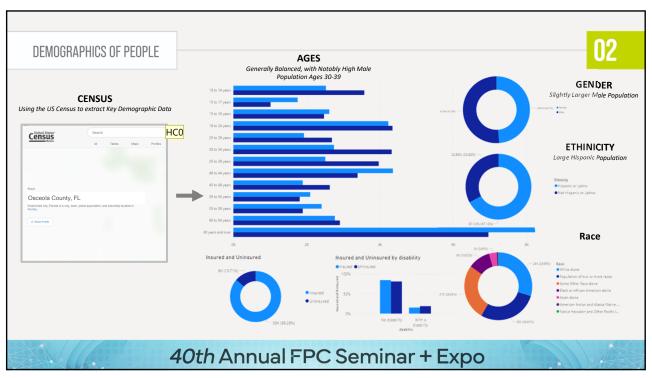
MORE ACCESSIBLE?

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GH0 [@Cory Hester] can you replace "Kissimmee" with "the Area" Garrett Herbst, 2024-09-11T13:28:24.795

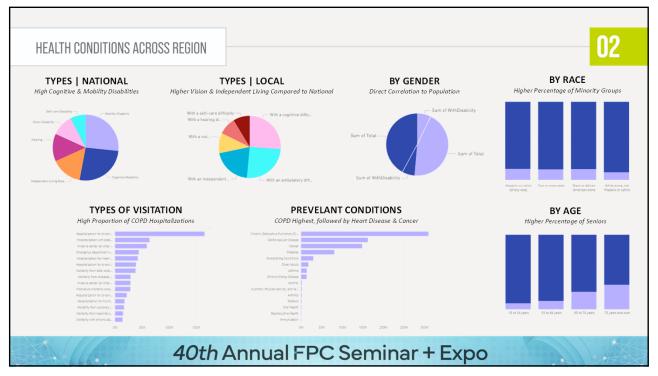


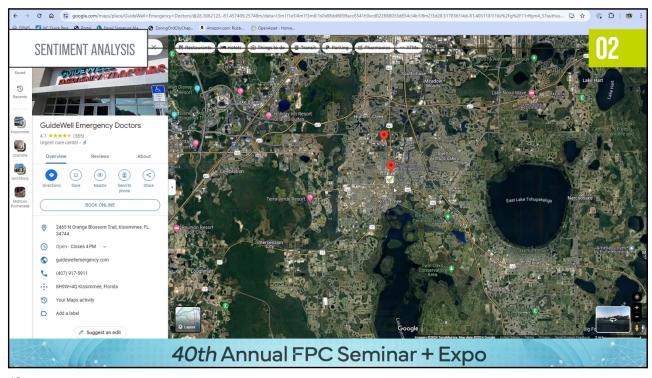


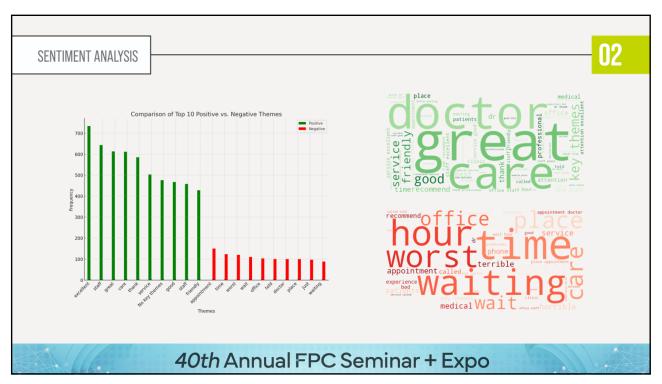


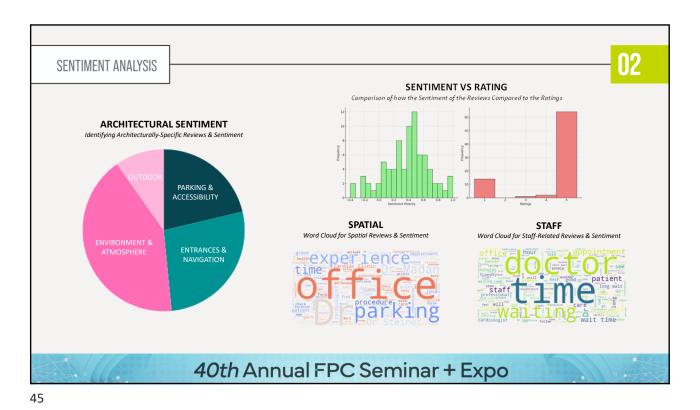










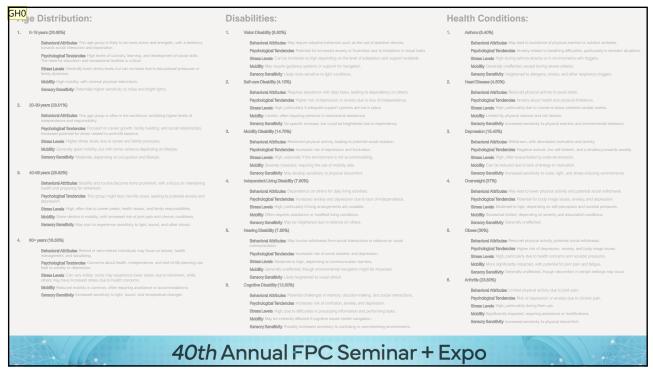


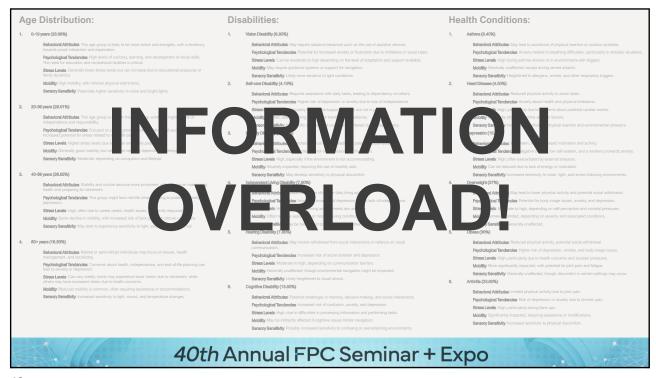
DATA IS GREAT...

WHERE ARE THE
INSIGHTS?

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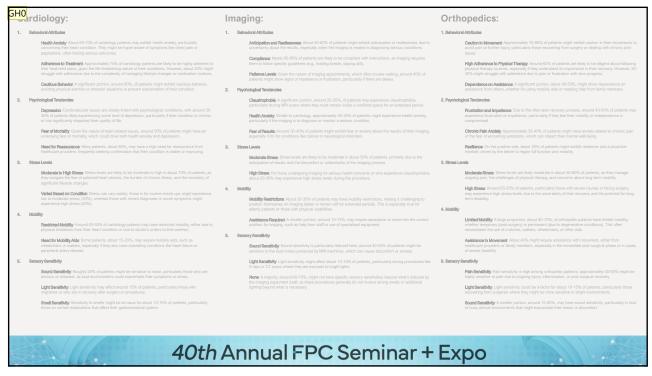


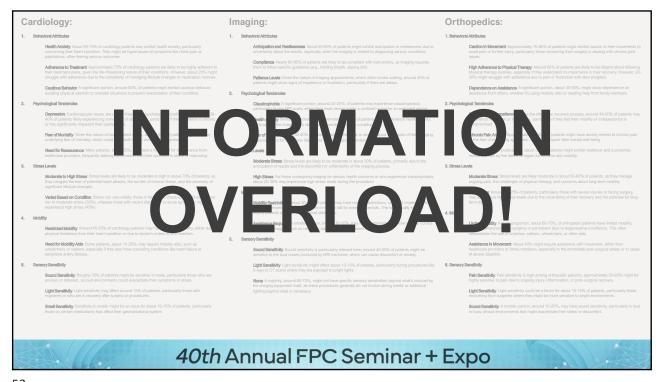




Population-Wide Demographics Analysis 1. Behavioral Attributes o General Trands. The population is fully everyly distributed across different app groups, with a synthetic period of the population (\$4.30%) is the 20-00 approagn. The suggests a risk of both across experiments and proposed production and the supplements of the population of the population with disabilities (30.20%) indicates that a considerable number of individuals may require adaptive behaviors, like using assistive devices or relying on others for daily activities. o Health Impact: The tray previous of orraways (27%) and clearly (20%), copied with synthetic report of the population with disabilities (20.20%) indicates that a considerable number of individuals may require adaptive behaviors, like using assistive devices or relying on others for daily activities. Needs the province of the population of the population with a considerable province of the population with a final province of the population of the populatio

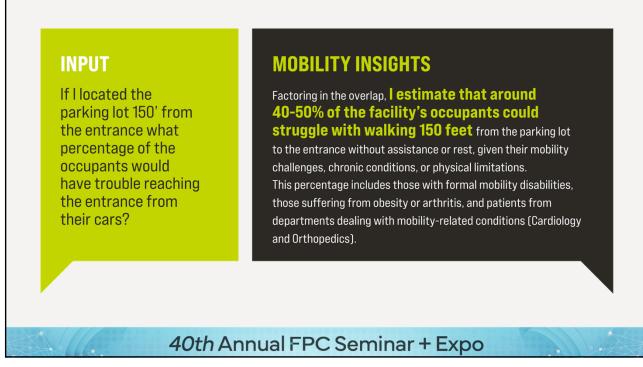






Population-Wide Department Analysis 1. Betwier Attributes 1. Health-Related Analysis and Caustion in Population of Christopy and Christopher Across all three departments, a common behavioral trait is a hergitimed assentess of health and caustion in physical achidism. This is especially procurated in Cartifology and Christopher, developed and caustion in physical achidism. The issue expension of the Cartifology and Christopher, developed and caustion appropriate many in English procurated and caustion appropriate trait of the Architecture of the Medical developed in the Cartifology and Cartifology







Step 4: Total Calculation

Now, let's add up all these percentages while accounting for some overlap:

14.70% with formal mobility disabilities.

26.80% additional from obesity and arthritis.

20% from department-specific mobility restrictions (Orthopedics and Cardiology).

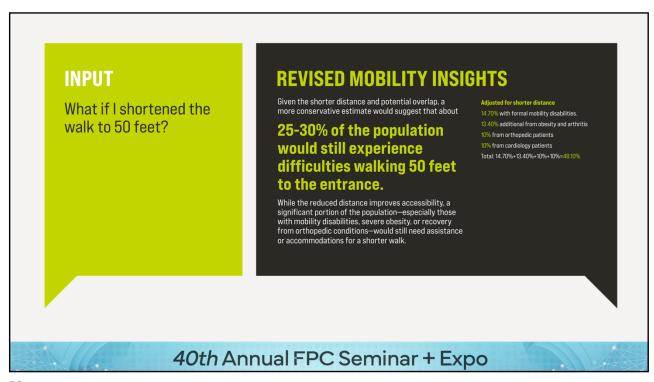
Total:

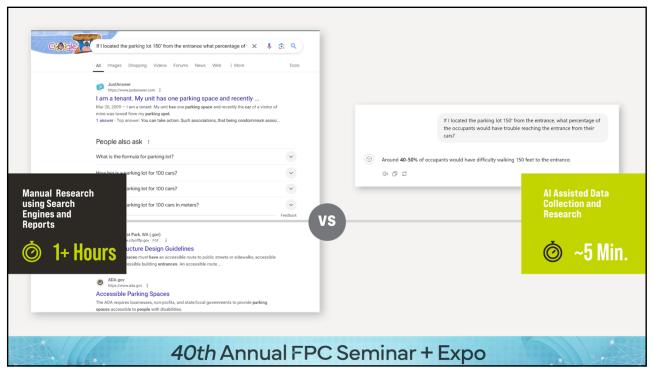
14.70%+26.80%+20%=61.50%

Given potential overlap and the assumption that not all individuals with obesity, arthritis, or from the departments have unique mobility restrictions, a conservative estimate would be around 40-50% of the population having difficulty walking the 150 feet distance.

This accounts for some double-counting and reduces the final estimate to a more realistic figure.

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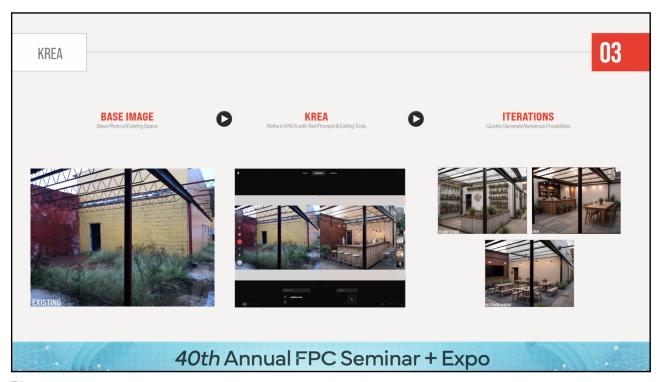




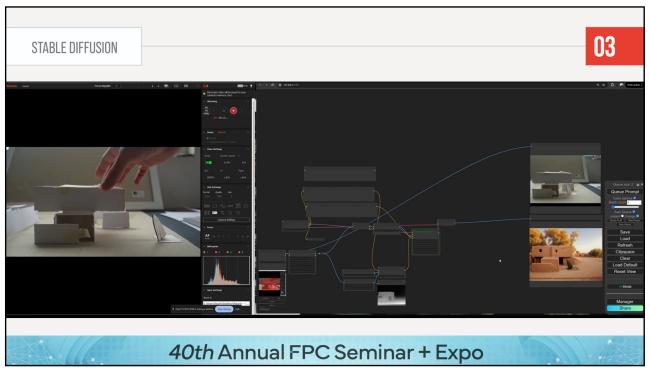


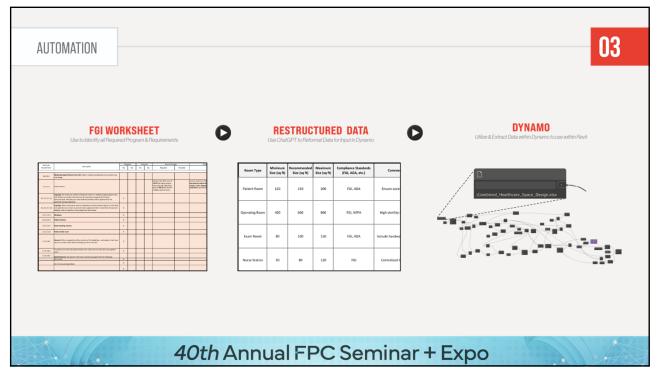






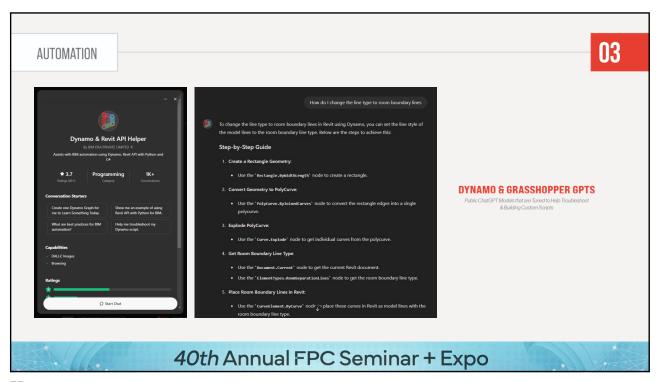


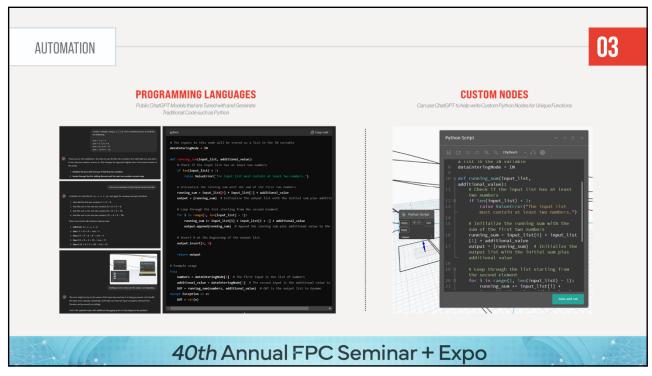












GH0

WHAT DOES THIS MEAN FOR OUR CLIENTS?

THEY MAXIMIZE RESOURCES

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WHAT'S NEXT?

THIS PROJECT

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WHAT'S NEXT?

THE INDUSTRY

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WHAT'S NEXT?

NOBODY KNOWS!

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Thank you for your attention!

