

Most ASCs Already Have the Data. Almost None Can Use It in Time.

The real bottleneck isn't missing information — it's the hours it takes to turn raw system exports into something a board can actually act on.

How Northgate Surgery Center went from jumping between systems and spreadsheets to asking Finch AI for board-ready answers in seconds.

Northgate Surgery Center · Colorado Springs, CO · Multi-specialty ASC
Focus: Podiatry · Plastic Surgery · Dental | **Period:** May 15 – June 30, 2026 | **System:** HST Pathways

The Situation

Northgate needed clear answers the board could use in the room: true per-surgeon profitability, average profit per case, and efficiency metrics like profit per OR minute and per OR hour. Leadership specifically wanted to look across three different specialties and three different surgeons so the conversation wasn't limited to a single service line.

The three surgeons were selected for a reason — one in plastic surgery, one in dental, and one in podiatry — so the center could see how contribution and efficiency actually varied by specialty and case mix over the same six-week window (May 15 – June 30, 2026). The data already lived in HST. That was never the problem. The problem was that getting it out, cleaned up, and into a usable format meant jumping between systems and spreadsheets, then spending hours (sometimes days) turning raw exports into something the board could actually read.

What Finch Delivered

Finch connected to the existing data and produced the full set of board-ready views in seconds. Leadership could ask Finch AI to build a report and get it back already formatted — no more stitching together three different systems and Excel. Where EOBs had already posted (34 of 43 cases), Finch showed true forecast-versus-actual variance. The remaining cases stayed in forecast mode, clearly labeled so everyone knew exactly what they were looking at.

Center Performance at a Glance

TOTAL REVENUE	TOTAL PROFIT	AVG CASE COST	AVG PROFIT / CASE
~\$72,000	~\$45,300	~\$784	~\$1,333
Actual · EOB posted	Actual · EOB posted	Across recorded cases	Across recorded cases

The Story the Numbers Told

The most useful insight wasn't a single total — it was the spread across the three selected surgeons. Different specialties, different case mixes, and very different contribution profiles on a time basis. This is the kind of view that almost never makes it into a board packet when everything has to be built by hand.

Surgeon	Specialty	Avg Profit / OR Hour	Avg Profit / OR Minute
Surgeon 1	Plastic Surgery	\$330 / hr	\$5.50 / min
Surgeon 2	Dental	\$923 / hr	\$15.38 / min
Surgeon 3	Podiatry	\$2,123 / hr	\$35.38 / min

34 of 43 cases had EOBs posted — enabling true forecast-vs-actual variance. Remaining cases shown as forecast.

What Stood Out by Specialty

Selective views that mattered once the three surgeons were side by side:

Surgeon 1 · Plastic Surgery	Surgeon 2 · Dental	Surgeon 3 · Podiatry
Highest volume in the period ~23 cases · ~\$50k revenue ~57.9% avg margin Complex body-contouring cases drove both revenue and supply cost	Highest margin profile ~82% average margin Dental restorations dominant Very low avg supply cost (~\$110) with clear labor visibility	Highest efficiency on time \$2,123 avg profit / OR hour Strong contribution on foot & toe procedures Clear ranking of highest-profit case types

These views were generated in seconds and presented live. For the first time the board could see — in the same meeting — where margin was being created or eroded, which surgeons and procedures were most efficient on a time basis, and where further cost or scheduling attention would matter most.

"We could ask Finch AI to build a report in quite literally seconds. I no longer had to look at three different softwares and Excel just to answer a basic question. Everything lived in Finch and it was accessible immediately — already formatted, ready for the board. That changed the whole conversation."

— Leadership, Northgate Surgery Center

Why This Matters

Most ASCs are not missing data. They are missing the ability to get the right view of that data in front of decision-makers while the decision is still open. Custom metrics — profit per OR minute, true per-surgeon contribution across deliberately selected case types, forecast-versus-actual once EOBs post — used to require jumping between systems and a special project in Excel. At Northgate they became available in the same meeting the questions were asked.

The result is a different kind of board conversation: one grounded in the actual economics of the cases and the surgeons, instead of high-level totals that arrive too late to change anything.

Key Takeaways

1. **The data is usually already there.** The bottleneck is the time it takes to get it out of multiple systems and into a form people can use.
2. **Case selection matters.** Looking across different specialties and surgeons in the same window is what makes the variation visible — and useful.
3. **Speed changes what gets discussed.** When the numbers are ready while the meeting is still happening, the conversation moves from reporting to action.
4. **Forecast-vs-actual becomes usable the moment EOBs post.** Leadership can see variance in near real time instead of waiting for a monthly close.



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